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## VOLUNTEER APPLICATION FORM

Name : Mr/Mrs/Mdm/Ms \_\_\_\_\_ NRIC : \_\_\_\_\_ Birth date : \_\_\_\_\_

Marital status : \_\_\_\_\_ Religion : \_\_\_\_\_ Language/dialect spoken : \_\_\_\_\_

Occupation: \_\_\_\_\_ Driving License: Yes /No, If yes, Class: \_\_\_\_\_

Contact address : \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail Address : \_\_\_\_\_

Contact no : (R) \_\_\_\_\_ (O) \_\_\_\_\_ (Hp) \_\_\_\_\_

I can volunteer on a  long term basis (at least a year)  short term basis from \_\_\_\_\_ to \_\_\_\_\_  
( *please specify period* )

\* Do you have prior experience in hospice services : Yes / No

\*If yes, please elaborate :

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*Please tick  where appropriate*

**A) DAY CARE CENTRE ( please note opening hours : 10.30am – 4pm, weekdays only )**

I am unable to volunteer for the Day Care Centre - *please proceed to (B)*

I can volunteer for the Day Care Centre from \_\_\_\_\_ to \_\_\_\_\_  
( *indicate time* ) ( *indicate time* )

My preferred day(s) is/are  Mon  Tues  Wed  Thu  Fri

I can help in these areas :

- a.  cook lunch
- b.  sponsor lunch
- c.  prepare tea-break
- d.  sponsor tea-break
- e.  assist the therapy-aides e.g. massaging, light exercise ( *Staff will provide guidance.* )
- f.  entertain with musical instrument / karaoke
- g.  do arts and crafts
- h.  assist patients during outings with staff
- i.  help maintain equipment e.g. wheelchair, hospital bed etc
- j.  befriend ( *Further training will be provided.* )

I can contribute in the following areas not listed above:

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**B) HOME CARE SERVICE**

I can volunteer with the Home Care Service :  after office hours  
 during office hours  
 during or after office hours  
 during weekend  
 during \_\_\_\_\_  
*( please specify time preference )*

I prefer patients who live around these areas : \_\_\_\_\_  
*( please state preference e.g. Yishun, Jurong, or North, East, etc )*

I have no specific preference for a residential area.

I can contribute in the following :

- a.  befriend patient ( *Further training will be provided.* )
- b.  accompany patient for appointment ( *usually weekdays office hours* )
- c.  send/pick up medical equipment ( *things that can fit in a car* )
- d.  send/pick up hospital beds ( *A pickup truck is needed.* )
- e.  provide administrative support to HCA ( *office hours only* )
- f.  run errands for patient
- g.  mind children while carer rests/runs errands
- h.  accompany patient while carer rests/runs errands
- i.  bring children for outings
- j.  help with household chores
- k.  provide a haircut
- l.  help with laundry
- m.  help with meals
- n.  help with shopping
- o.  help with cleaning of house
- p.  buy medicine ( *usually office hours* )
- q.  basic nursing support

I can contribute in the following areas not listed above :

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**For official use only :**

Date of commencement : \_\_\_\_\_ Date of termination : \_\_\_\_\_

Orientation  Date : \_\_\_\_\_ Comm trg  Date : \_\_\_\_\_

Remarks : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Volunteer Co-ordinator : \_\_\_\_\_