



Volunteer Application Form

Remarks: _____

Date of Interview: _____

1. PERSONAL INFORMATION

Name : _____

NRIC / Nationality : _____

Passport No : _____

Date of Birth : _____

Age / Gender : _____

Contact No. : _____

Marital Status : _____

Email : _____

Residential Address : _____

2. VOCATION

Student
(Name of Institution/Level) : _____

Working Adult
(Occupation/Company) : _____

Retiree
(Previous Occupation) : _____

Others
(please specify) : _____

2a. HIGHEST EDUCATION LEVEL

Secondary College Polytechnic University / Others (please specify) _____

3. LANGUAGE PROFICIENCY

Language Spoken : English Mandarin Malay Tamil Others: _____

4. SKILLS

Please list any special skills which you can share during your voluntary stint at RMHC®



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5. INTERESTS

Please tick any of volunteer program/programs that you are interested in and the time of availability.

Programs	Monday - Friday	Saturday, Sunday & Public Holidays
RMH/RMFR Relief		
Assist in manning RMH/RMFR Service Desk (including providing assistance to RMH/RMFR residents) Conducting tours for potential RMH/RMFR guests Providing check-in & check-out services to RMH/RMFR residents Tasks also include office administrative, daily operational duties and meal program activation In pairs/individual	<input type="checkbox"/> 9.00am - 1.00pm <input type="checkbox"/> 1.00pm - 5.00pm <input type="checkbox"/> 5.00pm - 9.00pm	<input type="checkbox"/> 9.00am - 3.00pm <input type="checkbox"/> 3.00pm - 9.00pm Or <input type="checkbox"/> 9.00am - 1.00pm <input type="checkbox"/> 1.00pm - 5.00pm <input type="checkbox"/> 5.00pm - 9.00pm
ADHOC EVENTS		
Fundraising events Special events Birthday Program	<input type="checkbox"/> I would like to participate, please contact me!	
OTHERS	(Please Indicate)	

The children's participation from the wards vary from time to time. Therefore, we suggest that if you are planning a group of volunteers between 8-10 volunteers per session you work with us for it feasibility at the outset.

5a. VOLUNTEERING EXPERIENCE

Have you been volunteering before?

Yes () No ()

If yes, please share name of Organisations:

5b. VOLUNTEERING COMMITMENT

Please tick your estimated duration of voluntary service:

3 months 6 months More than one year Others (please specify): _____

5c. KNOWING ABOUT RMHC®

How did you come to know of the volunteer programmes at RMHC®?

RMHC® Website Friends Others (please specify): _____