



**Ronald McDonald
House Charities®**
Singapore

Keeping families close

Volunteer Application Form

Remarks: _____

Date of Interview: _____

1. PERSONAL INFORMATION

Name : _____

NRIC /
Passport No : _____ Nationality : _____

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		
<ul style="list-style-type: none"> 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"/> 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		
<ul style="list-style-type: none"> Fundraising events Special events Birthday Program 	<input type="checkbox"/> I would like to participate, please contact me!	
OTHERS	<i>(Please Indicate)</i>	

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): _____



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6. DECLARATION

Have you been convicted of a felony, crime or misdemeanour? Yes () No ()

If yes, please elaborate: _____

Are you required by court order to serve volunteer hours?

Yes () No ()

If yes, please elaborate: _____

Are you suffering from any psychiatric or mental illness?

Yes () No ()

If yes, please elaborate: _____

Do you have any prior history of chicken pox?

Yes () No ()

If yes, please elaborate: _____

Did you have any prior vaccination against chicken pox?

Yes () No ()

If yes, please elaborate: _____

7. TELL US MORE...

Why do you want to be a volunteer?

8. TERMS & CONDITIONS

- Please send your Volunteer Application Form and Resume to contact@rmhc.org.sg. If approved, a confirmation letter will be emailed to you.
- Thank you for respecting the privacy of our patients, visitors and staff. Please do not discuss or disclose about any incidents and/or cases about RMHC and RMH.
- Our staffs have the right to request for photos, video and audio recordings taken at the patient care areas to be deleted or handed over.
- A mandatory briefing will be arranged prior to the event actual.

9. APPLICANT'S SIGNATURE

_____ (Date)

FOR OFFICIAL

Date received : _____

Site Recee
appointment (Date) : _____

Confirmation letter
sent : _____

Site Recee
appointment (Time) : _____

Volunteer
Leader : _____