



3. Do you have previous experiences in voluntary service?  Yes  No

If yes, please specify \_\_\_\_\_

4. Your hobbies in your free time include \_\_\_\_\_

5. Your motivation to volunteer is \_\_\_\_\_  
\_\_\_\_\_

6. Briefly share with us your experience in giving or receiving help from others.  
\_\_\_\_\_

7. Tell us what you have learnt from this experience (if any). \_\_\_\_\_  
\_\_\_\_\_

8. Share with us your abilities and personalities you believe could help you be a volunteer.  
\_\_\_\_\_  
\_\_\_\_\_

### Activities You Can Volunteer In

- |   |  |
|---|--|
| <input type="checkbox"/> Accompany the elderly for medical appointments                     | <input type="checkbox"/> Interpretation (Dialect /Sign Language)     |
| <input type="checkbox"/> Administration & Data Management                                   | <input type="checkbox"/> Move furniture/ minor household repairs     |
| <input type="checkbox"/> Ambassadors of TCS<br>* sponsorship * networking * market research | <input type="checkbox"/> Organise camps                              |
| <input type="checkbox"/> Assist in job placements   | <input type="checkbox"/> Organise social and recreational activities |
| <input type="checkbox"/> Assist in excursions/ group outings                                | <input type="checkbox"/> Offer professional medical/ dental services |
| <input type="checkbox"/> Assist in running of support groups                                | <input type="checkbox"/> Project Co-ordination                       |
| <input type="checkbox"/> Befriending  | <input type="checkbox"/> Provide transport                           |
| <input type="checkbox"/> Co-ordinate group activities                                       | <input type="checkbox"/> Perform song/ dance/ drama etc.             |
| <input type="checkbox"/> Counselling on hotline   | <input type="checkbox"/> Reading / Story-telling                     |
| <input type="checkbox"/> Cook for clients   | <input type="checkbox"/> Run errands                                 |
| <input type="checkbox"/> Filming of video clips / video editing                             | <input type="checkbox"/> Script writing                              |
| <input type="checkbox"/> Fund Raising Projects  | <input type="checkbox"/> Speaker at talks/ workshops                 |
| <input type="checkbox"/> Give tuition   | <input type="checkbox"/> Teach special skills/ hobbies/ games        |
| <input type="checkbox"/> Help with simple household tasks                                   | <input type="checkbox"/> Train-the-Trainers                          |
| <input type="checkbox"/> IT Support & Web Page Management                                   | <input type="checkbox"/> Others, please specify<br>_____             |

### Understanding

I hereby declare that the information on this form is true and accurate. I understand that my application to volunteer is subject to the approval of TOUCH Community Services.

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

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

### Thank You for Your Time

Kindly mail or fax the completed form to:

**Volunteer Coordinator**  
TOUCH Family Services Limited  
Blk 162 Bukit Merah Central, #05 - 3545  
Singapore 150162  
Tel: 63179988 Fax: 63179989  
E-mail: [familylife@touch.org.sg](mailto:familylife@touch.org.sg)