

TOUCH COMMUNITY SERVICES

VOLUNTEER APPLICATION FORM

Let Us Know About You

Name as in NRIC/Passport (Dr/Mr/Mrs/Mdm/Miss):	Birth Certificate/NRIC/Passport No:	
Home Address:	Date of Birth:	Age:
Office Address:	Tel. No. (Home/Mobile):	
Occupation:	Marital Status:	Race:
Languages/ Dialects Spoken:	Nationality:	Religion:
Highest Education:	Name of School (if still studying):	
Driving Licence: Yes/ No		

Help Us Know About Your Interest

1. Please indicate the top 3 preferences which you wish to volunteer with, 1 being your first choice and 2 being your second choice. (For more information, please visit our website at www.tcs.org.sg)
- () Children () Youth () Elderly () Family () Special Needs () Healthcare () Fund-raising Projects

Let Us Know About Your Commitment

1. Your availability for voluntary work is on:

Time/Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun*
Morning							
Afternoon							

* This is only applicable if you would like to volunteer for the Meals-on-wheels programme which is a meal delivery programme to meet the daily needs of the homebound elderly by TOUCH Home Care.

2. The frequency of your voluntary work is:

Daily Weekly Bi-weekly Monthly Others _____

3. Do you anticipate any changes to your time commitment? If yes, please specify

Let Us Know More About You

1. You have come to know about our volunteer programme through:

Friends
 TOUCH recruitment exercise
 TOUCH services _____ Others: _____

2. You prefer to work In Groups As an Individual

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

If yes, please specify _____

4. Your motivation to volunteer is: _____

5. Briefly share with us your experience in giving/receiving help to or from others.

6. Tell us what you have learnt from this experience (if any).

7. Share with us your motivation, abilities and personalities you believe could help you be a volunteer.

Activities You Can Volunteer In

Direct work

- | | |
|---|--|
| <input type="checkbox"/> Accompany the elderly for medical appointments | <input type="checkbox"/> Interpretation service (Dialect /Deaf) |
| <input type="checkbox"/> Assist in job placements | <input type="checkbox"/> Moving furniture/ minor household repairs |
| <input type="checkbox"/> Assist in excursions/ group outings | <input type="checkbox"/> Organize Camps |
| <input type="checkbox"/> Befriending | <input type="checkbox"/> Offer professional medical/ dental services |
| <input type="checkbox"/> Co-ordinate group activities | <input type="checkbox"/> Provide transport |
| <input type="checkbox"/> Give tuition | <input type="checkbox"/> Reading / Story-telling |
| <input type="checkbox"/> Give talks | <input type="checkbox"/> Teach special skills/ hobbies/ games |
| <input type="checkbox"/> Help with simple household tasks | <input type="checkbox"/> Others _____ |

Indirect Work

- | | |
|---|--|
| <input type="checkbox"/> Administration & Data Processing | <input type="checkbox"/> Market Research |
| <input type="checkbox"/> Conduct Community Survey | <input type="checkbox"/> Organise Family Seminars/ Talks |
| <input type="checkbox"/> Fund-raising Projects | <input type="checkbox"/> Organise Events |
| <input type="checkbox"/> Graphic / Web Design | <input type="checkbox"/> Public Education Projects |

Understanding

I understand that the approval of my application to volunteer is subjected to the consideration of TOUCH Community Services Ltd.

Signature : _____

Date: _____

Thank You for Your Time

Please mail or fax the completed form to:

Volunteer Co-ordinator

TOUCH Community Services

3615 Jalan Bukit Merah, 3rd Floor TOUCH Community Theatre,
Singapore 159461

Tel: 6377 0122 Fax: 6377 0121

Email: partners@touch.org.sg Website: www.tcs.org.sg