



**ST. ANDREW'S COMMUNITY HOSPITAL**

(A service of St. Andrew's Mission Hospital)

8 Simei St 3 Singapore 529895 . Tel: 6586 1000 . Fax: 6586 1100 . Email: general@sach.org.sg

Photo

**VOLUNTEER APPLICATION FORM**

Name (as in NRIC / Passport): (Dr / Mr / Mrs / Ms / Mdm)									
NRIC/Passport No.:		Date of Birth:		Nationality:		Race:			
Address:				Postal Code:					
Mobile No.:		Home Tel:		Email:					
Marital Status:		Religion:		Church Attending (if applicable):					
Occupation: <input type="checkbox"/> Student (Name of school / institution attending: _____)									
<input type="checkbox"/> Recent Graduate (Name of school / institution graduated from: _____)									
<input type="checkbox"/> Retiree or homemaker (Job / work background: _____)									
<input type="checkbox"/> Working professional (Company & job function / designation: _____)									
<input type="checkbox"/> Others (Please specify: _____)									
Languages / Dialects Spoken:									
Languages Written:									
Commitment of Volunteer Service:		Availability (please tick):							
<input type="checkbox"/> 6 months			Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/> 1 year		9am - 1pm:							
<input type="checkbox"/> Others: _____		1pm - 5pm:							
Interested Areas of Volunteering:									
<input type="checkbox"/> Administration		<input type="checkbox"/> Library		<input type="checkbox"/> Befriending (paediatric specific)		<input type="checkbox"/> Others: _____			
<input type="checkbox"/> Reception		<input type="checkbox"/> Befriending		<input type="checkbox"/> Hair Cut		<input type="checkbox"/> Pastoral Care*			

\*Must be Christian & fill up back page

**Declarations**

<p>Medical Record:</p> <p>Are you suffering from or have you ever suffered any physical impairment or disease including mental illness, deafness, handicap, etc? <span style="float: right;">* Yes / No</span></p> <p>Criminal Record:</p> <p>Have you ever been arrested, indicted, or summoned into court as a defendant in a criminal proceeding, or convicted, fined, or imposed for the violation of any law (excluding minor traffic violations)? <span style="float: right;">* Yes / No</span></p> <p>Others:</p> <p>Do you have any close relatives currently staying and/or receiving rehabilitative treatment at St. Andrew's Community Hospital? <span style="float: right;">* Yes / No</span></p> <p><i>* If "yes" to any of the above question(s), please provide details:</i></p> <p>_____</p> <p>_____</p>
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**Your Emergency Contact**

Contact Person:	Tel:	Relationship with you:
Address: <small>(if not the same as your own)</small>		

**Statement of Understanding**

<p>I hereby declare that the information furnished on this application is true and accurate. I consent to having my personal data recorded in the relevant database(s) of St. Andrew's Community Hospital; to be contacted by the Hospital's relevant departments, and to accept the Hospital's decision on my application to be a volunteer.</p> <p>Signature: _____ Date: _____</p>	
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