



**VOLUNTEER APPLICATION FORM**

Salutation: Dr / Mr / Mrs / Ms / Mdm <small>(Please circle)</small>		Name: <small>(as in NRIC/ Passport)</small>							
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 / Recent Graduate <small>(Name of school / institution attending/from: _____)</small>									
<input type="checkbox"/> Retiree or homemaker <small>(Job / work background: _____)</small>									
<input type="checkbox"/> Working profession <small>(Company &amp; job function / designation: _____)</small>									
<input type="checkbox"/> Others <small>(Please specify: _____)</small>									
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"/> Patient Engagement		<input type="checkbox"/> Patient Engagement (Paediatric specific)		<input type="checkbox"/> Others: _____			
<input type="checkbox"/> Library		<input type="checkbox"/> Inpatient Activities Support		<input type="checkbox"/> Hair Cut		<input type="checkbox"/> Pastoral Care*			
<small>*Must be Christian &amp; fill up back page</small>									

**Declarations**

Medical Record:		
Are you suffering from or have you ever suffered any physical impairment or disease including mental illnesses, deafness, handicap etc?		*Yes / No
Criminal Record:		
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)?		*Yes / No
Others:		
a) Are you involved in any personal or corporate business or have vested interest in business transactions that St. Andrew's Community Hospital may enter into?		*Yes / No
b) Do you have any close relatives currently staying and/or receiving treatment at St. Andrew's Community Hospital?		*Yes / No
* If "yes" to any of the above question(s), please provide details: _____		

**Your Emergency Contact**

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

**Statement of Understanding**

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.

Please tick the box if applicable:

Yes, I wish to be acknowledged for my volunteer service in the annual report.

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

**For Pastoral Care Volunteers Application**

**Statement of Support from Vicar / Pastor of Church**

*(applicable for Pastoral Care volunteers only)*

I give my support for my church member, \_\_\_\_\_ to volunteer  
(church member's full name)  
and serve at St. Andrew's Community Hospital in the area of Pastoral Care.

Name: \_\_\_\_\_

Church: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

*Signature*

\_\_\_\_\_

*Church Stamp*

\_\_\_\_\_

*Date*

**For Official Use Only**

**Assessment** *(For official use only)*

Interviewed by:	Date:
Volunteer Placement & Day:	Tentative Commencement:
Provision of Lunch: * Yes / No	Provision of Carpark Coupon: * Yes / No

Other Remarks: