



VOLUNTEER APPLICATION FORM

Please complete the form and send it to us by:

- Post: Blk 326, Sembawang Crescent, #01-52, Singapore 750326

- Email to admin@sfsc.org.sg

* please circle where applicable.

please tick (✓) where appropriate.

PERSONAL PARTICULARS			
NRIC/FIN No.		Gender Male/ Female	
Title* Mr/ Mrs/ Ms/ Mdm/ Rev/ Dr/ Prof			
Name as in NRIC (<u>Underline</u> Surname)		Date of Birth (DD/MM/YYYY)	
		Preferred Name (if different from NRIC)	
Nationality <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident <input type="checkbox"/> Others, please specify: _____		Country of Birth <input type="checkbox"/> Singapore <input type="checkbox"/> Others, please specify: _____	
Race <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others, please specify: _____		Religion <input type="checkbox"/> Christianity <input type="checkbox"/> Buddhism/Taoism <input type="checkbox"/> Islam <input type="checkbox"/> Hinduism <input type="checkbox"/> No religion <input type="checkbox"/> Others, please specify: _____	Language <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others, please specify: _____
Home Address			
			Singapore
Tel (home)		Mobile phone	
Tel (office)		Suitable time/day to be contacted	
Email Address			

OCCUPATION (Please help us to understand your knowledge & skills better)

Current Status (Please tick ✓)

- Student
- Working part-time
- Working full-time
- Self-employed
- Homemaker
- Not working / Unable to work
- Semi-retiree/Retiree
- Others (please specify): _____

Major of Study / Specialization (if any)

Skills / Knowledge / Expertise you wish to contribute

HELP US GET TO KNOW YOU AS A VOLUNTEER

What specialized skills/talents are you keen to contribute? (Please tick ✓)

- Academic Coaching / Mentoring
- Conduct interest classes/activities
- Befriending / Providing support to families, youth and/or seniors
- Providing Workshops / Training
- Photography / Videography
- Design Skills (e.g. Design flyer, banner, webpage)
- Social Media Management / Marketing
- Administrative / Events

Others (e.g. Specific Skills):

Why do you want to volunteer at Sembawang Family Service Centre?

I am most interested in volunteer opportunities that work with: (Please tick ✓)

- Preschoolers
- Children
- Seniors
- Families
- Youth
- Persons with Special Needs

Others (please specify): _____

- I wish to receive volunteering opportunities relating to the client groups I have selected.

AVAILABILITY (Please tick ✓)

I am available to volunteer on:

- Weekday morning - Mon/Tues/Wed/Thurs/Fri
- Weekday afternoon - Mon/Tues/Wed/Thurs/Fri
- Saturday/Sunday
- For a time-limited period (please specify):
- _____

PREVIOUS/CURRENT VOLUNTEER EXPERIENCE (IF ANY)

Name of Organisation/Agency	Name of Contact	Contact No.	Area(s) of Involvement	How long have you been volunteering?

EMERGENCY CONTACT

Name* Mr/ Mrs/ Ms/ Mdm/ Rev/ Dr/ Prof	Relationship	Tel* Home/ Office/ Mobile

SURVEY (Please tick ✓)

How did you know about us?

- SFSC Centre (Walk-in) Workplace
- SFSC Website School
- SFSC Social Media (e.g. Facebook) Family/Friend
- Volunteering Sites (e.g. NVPC, Giving.sg)
- SFSC's partnering church, Covenant Community Methodist Church (CCMC)

Others (please specify):

DECLARATION (Please tick)

- | | |
|---|--|
| 1. Do you have any criminal record in Singapore or overseas? | <input type="checkbox"/> No
<input type="checkbox"/> Yes: <i>(details)</i>
_____ |
| 2. Have you ever been, or are you currently under investigation by the Police or any other law enforcement agency in Singapore or overseas? | <input type="checkbox"/> No
<input type="checkbox"/> Yes: <i>(details)</i>
_____ |
| 3. Have you been involved in any court proceedings within Singapore or any other court of law outside of Singapore? | <input type="checkbox"/> No
<input type="checkbox"/> Yes: <i>(details)</i>
_____ |
| 4. Have you had any disciplinary proceedings initiated against you by any organisation or professional bodies? | <input type="checkbox"/> No
<input type="checkbox"/> Yes: <i>(details)</i>
_____ |
| 5. Have you been declared financially embarrassed or a bankrupt within the last 10 years? | <input type="checkbox"/> No
<input type="checkbox"/> Yes: <i>(details)</i>
_____ |
| 6. Do you have any substance dependence issues (i.e. dependence on alcohol, drugs, etc., excluding prescriptions by medical professional)? | <input type="checkbox"/> No
<input type="checkbox"/> Yes: <i>(details)</i>
_____ |

AGREEMENT

1. I declare that the information provided in this form is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information which I know to be false or do not believe to be true.
2. I understand and allow Sembawang Family Service Centre ("SFSC") to collect, share and use my personal information for the purposes of assessing my suitability to volunteer for the Centre, administration/reporting, public relations and to contact me regarding my volunteer service and/or other activities, events and programmes organised by the Centre.
3. I understand that the above information ("my Personal Information") will be provided to the Government of Singapore, as represented by the Ministry of Social and Family Development ("Government" or "MSF"), for the purpose of assessing my suitability to run, manage, provide services or volunteer for the programme. I allow the Government to collect, share and use my Personal Information for the purposes stated in this paragraph.
4. I understand and allow my photographs/videos to be taken by SFSC for the purpose of programme reporting and publicity which may be published in the Centre's official publications/website/social media or any third party's publications/websites/social media approved by the Centre.
5. I agree to observe the confidentiality of information known of SFSC's clients and do not divulge the clients' information, even if I am no longer volunteering or the clients are no longer with the Centre, unless the welfare of the clients and/or others are threatened. This shall include:
 - i) not discussing nor sharing any information pertaining to any client with anyone (including family members) who is not directly involved with this programme;

- ii) not discussing nor sharing any information pertaining to any client in any place where it can be overheard by anyone not directly involved with this programme;
 - iii) not divulging the identity of any client by taking photographs of/with the clients without the Centre's consent and sharing the photographs with anyone not directly involved with this programme;
 - iv) not discussing, sharing nor posting of any of the information pertaining to any client with anyone on any social media platforms and/or messaging applications.
6. I agree that I do not disclose my contact number to the clients or make any personal arrangement with the clients such as tuition, fundraising, sales/purchase of products etc without the knowledge of the Centre.
7. I agree to observe proper conduct at all times as a volunteer. This shall include:
- i) dressing appropriately e.g. no short-shorts, no spaghetti-strap blouse etc;
 - ii) refraining from shouting or using verbal threats with the clients and/or staff of the Centre;
 - iii) not engaging in physical contact with clients when there is a possibility of psychological harm to the clients as a result of the contact (including touching, hugging, cradling, kissing and caressing etc);
 - iv) not engaging in sexual activities or sexual contact with the clients of the Centre, whether such contact is consensual or forced.
8. I agree to inform the Centre at least 3 working days in advance if I am unable to attend the scheduled volunteer session.
9. I agree to give at least 2 weeks advance notice if I wish to terminate my volunteer service.
10. I understand that the approval of my application to volunteer is subject to the consideration of SFSC, and that I may not be engaged as a volunteer at the Centre or may be re-deployed to other areas of work within the Centre should this form contain any false or inaccurate or incomplete information and/or if MSF assesses that I am unsuitable to provide services as a volunteer for this programme. I understand that breaching any of the terms above could potentially result in the termination of my volunteer service at SFSC.

PDPA CONSENT

I further acknowledge and consent to the following:

- i) In compliance with the Personal Data Protection Act 2021 ("PDPA"), SFSC seeks the applicant's consent to collect and use the applicant's personal data (i.e. Name, NRIC, contact numbers, mailing and email addresses) in order to maintain the SFSC's registry of volunteers ("Purpose").
- ii) SFSC respects the applicant's privacy and assures that the applicant's personal data will be kept securely according to PDPA.
- iii) I hereby give my acknowledgement and consent to SFSC to use my personal data for the aforesaid Purpose and services. In the event that I have registered my Singapore telephone numbers(s) with the Do Not Call Registry and wish to withhold or withdraw my consent to SFSC in respect of receiving telephone calls and/or SMS, I endeavour to provide sufficient notice to SFSC of such as soon as reasonably practicable.
- iv) I agree that my consent will remain in place until my withdrawal by officially notifying SFSC.

**Name & Signature of
 Applicant**

Date