

VOLUNTEER APPLICATION FORM

1. Contact Information

Full Name: _____

Preferred Name: _____ HP No: _____

Age: _____ Gender: () Male () Female

Last 4 characters of NRIC/FIN: _____

Email: _____

Home Address: _____

2. Availability

Your availability for volunteering with CCSS:

() Weekly () Monthly () Quarterly Others (please state): _____

Preferred Day/s: _____ Preferred Time/s: _____

Example: If you are able to volunteer on a weekly basis, preferably on Tuesday and Thursday morning between 10am – 12pm, please indicate weekly and input in your preferred day and time.

3. Interests

The following types of activities that you have interest in assisting with (Please tick):

() Workshop Facilitation () Social Media Content Creation

() Outdoor Events () Others (please state): _____

() Fundraising

Please state any past experiences/qualifications which may be relevant:

4. Special Skills or Expertise

Please tick one or more of the following of which you have previous experience or training

- CPR Teaching Nursing
 First Aid Therapy Administration
 Counselling Others (please state): _____

5. Medical Declaration

Do you currently have any medical conditions which could jeopardise your safety or the safety of others?

- No Yes Please state: _____

6. Personal Declaration

Do you have any record of criminal conviction?

- No Yes Please state: _____

Have you been declared bankrupt, or entered into a personal insolvency agreement?

- No Yes

7. Acknowledgement and Confidentiality

I declare the information that I have given on this form is true and correct for my voluntary experience with Crohn's & Colitis Society of Singapore (CCSS). In exchange for my voluntary experience with CCSS, I agree to the following:

- a. By providing my details, I understand that CCSS may use my details for record and reference purposes.
- b. I consent that CCSS may also forward my particulars to the Ministry of Social and Family Development (MSF) for security screening purposes should I become/am a volunteer with CCSS.

- c. If there is no suitable match, I consent to CCSS storing the information to contact me.
- d. I hereby confirm that I shall release and not hold CCSS or any of its employees /servants or agents liable in any way whatsoever for any loss, bodily injury, mishap, accident and/or loss of life or property directly or indirectly incurred as a result of/or in connection with my voluntary participation.
- e. To indemnify and defend CCSS against all claims, causes of actions, damages, judgements, costs and expenses including legal expenses which may arise from my presence in the activities.

Signature of Volunteer: _____ Date: _____

For volunteers below the age of 21:

I, _____ (Full Name of Parent/Guardian), _____ (last 4 characters of NRIC/FIN/Passport No.), permit my child, _____ (Volunteer’s Full Name), to participate in CCSS programs and activities. I understand that by signing below, I am agreeable to all the terms and conditions stated in this Volunteer Application Form

Name of Volunteer:	If volunteer is below 21 years old: Name of Parent/Guardian:

Signature of Volunteer	Date	Signature of Parent/Guardian	Date

8. Our Policy

It is the policy of Crohn’s & Colitis Society of Singapore to provide equal opportunities without regard to race, colour, religion, national origin, gender, sexual preference, age or disability.

Thank you for completing this application form and for your interest in volunteering with us.