

# Volunteer Application Form

Photo

Name as in NRIC/Passport:		Name in Chinese:		Gender: M / F		Photo
Date of Birth: _____(dd) _____(mm) _____(yyyy)			NRIC/ Passport No:			
Address:			Contact No: _____(H) _____(O) _____(HP)			
Occupation:			In case of emergency: Name: _____ Contact No: _____			
Organisation/School:			Marital Status:		Race:	
Highest Qualification Level:			Nationality:		Religion:	
Email Address:						
Language Spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Others: _____(Please specify)						
Language Written: <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Others: _____(Please specify)						
Have you ever suffered or are you suffering from any physical impairment, disease or mental illness? <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been convicted in a court of law in any country? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If you answered "Yes" to any of the above, please provide details:						
Do you have any experience in voluntary work? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, please specify current / past voluntary work experience.						
Interested volunteering areas:						
<input type="checkbox"/> Organising Activities <input type="checkbox"/> Giving Tuition <input type="checkbox"/> Overseas Community Service <input type="checkbox"/> Mentoring Youths <input type="checkbox"/> Hotline <input type="checkbox"/> Others : _____						
Availability of Commitment					Hobby:	
<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input type="checkbox"/> 5 Years Please include your preferred frequency of commitment: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Ad-hoc Basis <input type="checkbox"/> Others: _____						
How did you learn about CampusImpact's volunteering opportunities?						
<input type="checkbox"/> Friends/Relative <input type="checkbox"/> School <input type="checkbox"/> CampusImpact website <input type="checkbox"/> Newspaper <input type="checkbox"/> Others: _____						
Why did you choose to volunteer with CampusImpact?						
Teaching / Tutoring experience:						

Additional teaching / training skills (eg. Teambuilding, outdoor skills, etc):

Subject capable of teaching:

Subjects	Levels
1.	1.
2.	2.
3.	3.
4.	4.
5.	5.

**Declaration**

I certify that the above information is true and accurate to the best of my knowledge and that I have not willfully suppressed any information needed to assess my application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**For office use:**

Programme assigned: \_\_\_\_\_

Date of recruitment: \_\_\_\_\_

Date of termination: \_\_\_\_\_

Date of resignation: \_\_\_\_\_