



VOLUNTEER REGISTRATION FORM

Please tick (✓) where applicable

Full Name (please underline surname)		NRIC / Passport No.
Home Address		Pink / Blue / Others*
Postal Code		Highest Education Level
Contact No(s) Home: _____ Handphone: _____ Email: _____		Date of Birth
Nationality	Race / Religion	Gender
Specialised areas (eg. Photography, translation etc) Please specify:	Occupation (If retired, pls specify previous occupation)	In case of emergency, pls contact Name _____ Relationship _____ Contact No _____
Language Spoken <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others Please specify:	Language Written <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others Please specify:	How did you hear about SPD? <input type="checkbox"/> Newspaper coverage of SPD event <input type="checkbox"/> SPD website <input type="checkbox"/> Referred by friend / volunteer <input type="checkbox"/> Recruitment Drive <input type="checkbox"/> Others Please specify:
Past volunteering experience (s)		
GENERAL (If the answer is 'Yes', please give details)		
1) Have you ever been convicted in a court or law of any country?		<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Have you ever been detained by the police, CID, CPIB or any other government law enforcement institution?		<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are you an un-discharged bankrupt?		<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Have you ever been terminated, dismissed, discharged or suspended from volunteering?		<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have you ever suffered or are you suffering from any physical disability, impairment, disease or serious illness?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Do you have any relatives/friends who are currently volunteering with the Society?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Relationship: _____		

DECLARATION

1. I declare that the information and particulars provided above are true and correct in all aspects.
2. I agree to read the Frequently Asked Questions and Volunteer Policy set by SPD.
3. I agree to have my photos taken at SPD's volunteering events and allow SPD to use them for its communications and/or publicity related materials.
4. I agree for SPD to contact me via letter, emails, SMS, and telephone calls using the contact information I have provided and will notify the appointed Volunteer Coordinator when there is a change to my contact information or if I wish not to be contacted.
5. I will regard as strictly confidential all information about beneficiaries and their families that I receive in the course of my volunteer work and agree not to reproduce/publish/circulate materials or information (translated, adapted or otherwise) or communicate to any other person in any form whatsoever.
6. I understand that SPD reserves the right to terminate my service as a SPD Volunteer prematurely if:
 - i. I am found to breach rules and regulations set forth in this Volunteer Policy;
 - ii. I am found abusing or harassing any parties I come in contact with in the course of my service with SPD;
 - iii. I am charged for any criminal offence;
 - iv. I am diagnosed with critical or chronic illness/disability that may deter my service and/or;
 - v. Any other grounds deemed fit by the Programme Coordinator.

Signature : _____

Date: _____

For Official Use

Received by : _____

Date: _____

All information collected will be kept confidential.