

YOUTH

VIP

Volunteers In Partnership Application Form

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1. Personal Particulars

Name as in NRIC /Passport : _____ Sex : _____

NRIC / Passport Number : _____ Race : _____

Date of Birth : _____ Age : _____ Religion: _____

Occupation : _____ Marital Status : _____

Home Address : _____

_____ Postal Code : _____

Contact : _____ (H) _____ (O) _____ (HP)

Email : _____

2. Qualification / Special Skills / Language Ability / Prior Experience

Highest Education Level <i>(please tick the appropriate box and fill in the information where necessary)</i>	<input type="checkbox"/> Primary School / PSLE <input type="checkbox"/> Secondary School / GCE 'N' Level <input type="checkbox"/> GCE 'O' Level <input type="checkbox"/> ITE (NTC ____) <input type="checkbox"/> GCE 'A' Level / Diploma <input type="checkbox"/> Degree (in: _____) <input type="checkbox"/> Post Graduate: (in _____)
Other Training / Qualifications <i>(e.g. art, music, counselling)</i>	
Special Skills / Talents	
Languages / Dialects Spoken	
Prior Experience in Voluntary Work <i>(list organization & work done)</i>	

3. Area(s) of Interest

- Event
- Food Aid Distribution
- Newsletter design (Indesign) / Articles Contribution *
- Website Design (Dreamweaver)
- Others _____
- Fund-Raising
- Seminar

4. Health/ Other Particulars

- a) Have you ever suffered, or are you suffering from any physical impairment, diseases or mental health illness (e.g. HIV, AIDS, Tuberculosis, Hepatitis, Cancer, Depression, etc.) or have received Psychiatric treatment? (please tick the appropriate box below)
- No
- Yes (please provide details: _____)
- b) Have you ever been convicted in a court of law of any country? (please tick the appropriate box below)
- No
- Yes (please provide details: _____)
- c) Have you ever been charged with any offence in a court of law in any country for which the outcome is not yet known? (please tick the appropriate box below)
- No
- Yes (please provide details: _____)

5. Character References

Please provide two character references below: (note: should not be family members, relatives or partners e.g. boyfriend/girlfriend)

Character Reference 1	
Name :	Occupation:
Relationship :	Contact No:
Length of Time Known to Person:	
Comments of reference 1: (to be filled by staff)	

Character Reference 2	
Name :	Occupation:
Relationship :	Contact No:
Length of Time Known to Person:	
Comments of reference 2: <i>(to be filled by staff)</i>	

6. Person To Contact During Emergency

Name : _____

Relationship : _____ Contact : _____

5. Declaration

I declare that the particulars in this application are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact.

Signature of Applicant _____
Date

"...in the interest of others..."

Note: Please complete the form and mail back to :
Family Life Centre
 745 Toa Payoh Lor 5
 #01-00 The Actuary Singapore 319455
Attn: VIP Coordinator

T 315 20 531 / 315 20 532 | F 315 20 521
 E lifectre@singnet.com.sg
 W www.familylifectre.org