

VOLUNTEER REGISTRATION FORM

Thank you for your interest to serve the school. Kindly please complete the form for us to know of your interest and availability so that we can try to match our needs with your interest.

Personal Particulars

First Name:		Last Name:	
Chinese Characters if Applicable:			
Gender:		NRIC No:	
Date of Birth:		Current Age:	
Nationality:		Country of Birth:	
Race:		Religion:	
Highest Education Level:		Occupation:	
Driving License Class:		Own Transport Type:	
Address:			
Contact Information	Home	Email Address:	
	Office	Mobile	

Person to Contact in case of Emergency:

Name:			
Relationship:			
Telephone:	Home:	Handphone:	

Do you have relatives or friends working in Pathlight / ARC/ Eden?	Yes / No
Did you apply / intend to apply for entry to Pathlight / ARC EIP	Yes / No
Do you have a child /relative with special needs? If yes:	Yes / No

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What is the child diagnosed with? :
What is the age of the child? :
Is the child in a special or mainstream school? :
Name of school:

Experience in Volunteer Work (if any):

Organization(s)/ Institution(s)	Nature of Volunteer Work	Length of Service (Months/Years)

Indication of Interest Areas: (Please tick more than 1 choice):

Events/Outing:

E.g.: Resource Making, Ushering, Pls indicate:

Administration:

E.g.: Finance, Clerical, Filing Pls indicate:
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Special Skills:

E.g.: Musical instrument, Sewing, Baking Pls indicate:

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Others:

E.g.: Photography, Designing,
Pls indicate:

Preferred Time of Volunteer Service

For Daily/Weekly/Monthly please tick below for the preference of day and time:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If none of the above applies:

Ad-hoc

Others, Pls Specify:

Applicant's Signature

Date

For Official Use

Date Received:		Commencement Date:	
Type of Service:		Frequency of Service:	
ASD Briefing Date:			
Attach to (Name of Staff):			
Remarks:			

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