



## Regular Volunteer Recruitment Form

First Name: \_\_\_\_\_ Last Name (Surname): \_\_\_\_\_

Race: \_\_\_\_\_ Nationality: \_\_\_\_\_

NRIC/FIN No: \_\_\_\_\_ Gender: M/F

Date of Birth: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_

Highest Education Qualification:

☐ Primary ☐ Secondary ☐ Diploma ☐ Degree ☐ Masters ☐ PhD

Mobile No: \_\_\_\_\_ Home No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Language/Dialect spoken: \_\_\_\_\_

Marital status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed

No. of children: \_\_\_\_\_

**Do you have any previous volunteering experience?** ☐ Yes ☐ No

If Yes, please specify where and how long: \_\_\_\_\_

**Would you like to receive our newsletter** ☐ Yes ☐ No

**Do you have a driving license?** ☐ Yes ☐ No Class of driving license: \_\_\_\_\_

**Do you have any specialized skill(s) or have received training in any of the following:**

Counselling ☐      Graphic Design ☐      Fundraising ☐      Videography ☐  
Youth Work ☐      Web Design ☐      First Aid ☐      Photographer ☐  
Mentoring ☐      Cooking ☐      Baking ☐      Gardening ☐  
Emcee ☐      Social Media ☐      Public Relations/ Marketing ☐  
Sports ☐      Art and Craft ☐      Events Management ☐  
Tutoring ☐      Music ☐ (Instrument(s): \_\_\_\_\_)

**Please indicate the service that you would like to volunteer in:**

Elderly ☐      Family ☐      Patient Care: HIV Clients ☐      Patient Care: Multiple Sclerosis Clients ☐  
Youth Work ☐      Community Projects ☐      Skilled- Based ☐      Please specify: \_\_\_\_\_

**Please specify your preferred commitment level:**

Weekly ☐      Bi-Weekly ☐      Monthly ☐      Bi-Monthly ☐      Ad-Hoc ☐  
☐ Others: \_\_\_\_\_

**Commitment duration:**

3 Months ☐      6 Months ☐      1 Year ☐      2 Years ☐      Others ☐

**Please tick your preferred your time to volunteer:**

	MON	TUES	WED	THURS	FRI	SAT	SUN
Morning (9am – 12pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (2pm – 5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (7.30pm – 9.30pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please indicate your emergency contact:**

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Other Information**

All information furnished shall be kept private and confidentially except where disclosure is required by law (for example to government bodies and law enforcement agencies) and/or to comply with any order of court or directive from authorities investigating and alleged offense, misdeeds and/or abuse or for the purpose of taking any legal action.

1. Do you suffer from any physically impairment or condition? ☐ Yes ☐ No

If yes, Please provide details: \_\_\_\_\_

2. Do you have any chronic illnesses conditions? ☐ Yes ☐ No

If yes, Please provide details: \_\_\_\_\_

3. Have you ever received any psychological or psychiatric care or been diagnosed with any psychological or psychiatric conditions? ☐ Yes ☐ No

If yes, Please provide details: \_\_\_\_\_

4. Have you ever been accused of any offence punishable under law, whether in Singapore or elsewhere? ☐ Yes ☐ No

If yes, Please provide details: \_\_\_\_\_

### **Waiver Clause**

I understand that participating in the activities of CHCSA involves a certain level of risks. The organization will not be held liable for any costs, damages, charges and expenses OR injuries, loss and damage incurred during participation of the programs/activities.

### **Non-Disclosure**

I shall treat information of all clients as confidential (including pictures and videos of clients or events, etc.) and will not collect, use or disclose such information without the permission of CHCSA.

### **Personal Data protection Act (PDPA)**

To comply with PDPA Protection Act, CHCSA has implemented the Personal Data Protection Policy on the collection, use, disclosure, access, update and correction, as well as care of personal data and/or audio/video recording of clients.

I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals for the purpose(s) stated below. I trust that the information will be strictly be used for the purpose(s) stated.

- (a) Administration of Volunteer Management
- (b) Update of CHCSA activities and volunteer activities

**Volunteer Code of Conduct**

As a CHCSA volunteer, I agree that while serving as a volunteer,

1. I will represent the agency in a professional manner by dressing and maintaining appropriate conduct at all times.
2. I will protect the well-being of clients/volunteers to the best of my abilities, should the clients/volunteers' well-being is endangered, it will be reported immediately to the appropriate staff of CHCSA.
3. I will respect client's right to self-determination and will not make decision on their behalf. Where the client's emotional or mental state of mind appear unstable, or decisions are deemed to be harmful, I will inform the appropriate staff of CHCSA promptly.
4. I will seek to understand cultural and social diversity with respect to race, ethnicity, nationality, gender, sexual orientation, age, marital status, political beliefs, religion, mental and physical disability. To this end, I will not impose my values or beliefs on the clients that I serve.
5. I will respect the client's right to privacy and not solicit private information from clients. Once private information is shared, standard of confidentiality applies.
6. I will not disclose any confidential information to any third-party inclusive of requests from members of the media unless the organization and the client have given authorized consent.
7. I will maintain appropriate physical boundaries with all clients/volunteers especially those of the opposite sex.
8. I shall inform the appropriate staff of CHCSA if I am medically unfit to carry out my duties.
9. I will not take unfair advantage of the helping relationship or exploit others to further my personal, religious, political or business interests.
10. I agree that CHCSA reserves the right to reject an application or change my deployment when necessary to better utilize my intended skillset for the clients.

I understand and agree to abide by the CHCSA volunteer code of conduct. Failure to comply with the code may lead to the termination of volunteering with CHCSA.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OPTIONAL

**Parent's/Guardian's Consent - For Volunteers below 18 Years of Age**

I, \_\_\_\_\_ (NRIC Name) NRIC/FIN No: \_\_\_\_\_ parent/guardian of \_\_\_\_\_ allow my child/ward, the applicant herewith, to be a volunteer at City Harvest Community Services Association (CHCSA). I have also read and agreed to the Waiver Clause and hereby release CHCSA of all claims and damages that may arise from my child's participation in any voluntary works.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OPTIONAL