



Volunteer Application Form (Individual)

Thank you for your interest!

Please fill up the form accordingly. Kindly hand your completed form over to our staff at the front desk or email digital copies to volunteer@stjh.org.sg. For more information, you may contact us at 6268 0482 or drop us an email as above.

Submit one recent passport size photo

All information provided will be kept in strictest confidence.

SECTION 1: PERSONAL PARTICULARS

*Please circle as appropriate

Salutation: *Ms / Mrs / Mdm / Mr / Dr			
Full name (as shown in your NRIC/Passport):			
NRIC / FIN No. (last 3 digits & checksum e.g. Sxxxx567/A):		Nationality:	Gender: *Male / Female
Race:	Religion:	Date of Birth: (DD/MM/YYYY)	Age^:
Address:			
Contact number: (Home)		(Mobile)	
Email:			
Occupation: *Student / Working Adult / Home maker / Retiree / Self-employed / Others Name of School / Organisation (if applicable):			
Emergency Contact Details			
Name:		Relationship:	
Contact number: (Home)		(Mobile)	

^ We require volunteers to be at least 16 years old. If you are below the age of 16, we would require parental consent.



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SECTION 2: ABOUT YOU

Is this your first time volunteering? * Yes / No If no, please share more about your past volunteering experience(s).			
Organisation name	Period of service	Description of volunteer work	Name of referee and contact number
What did you enjoy most about your past volunteering experience(s)?			
What are hobbies or activities you enjoy even when you do them for a long time?			
What are some skills and/or abilities you have that might be helpful in your volunteer work at St Joseph's Home? (e.g. making people laugh, playing music instruments, etc)			
What attracted you to volunteer at St Joseph's Home? Was there something specific about our home or programmes? Please share and tell us more.			
Are you required to volunteer? (e.g. to fulfil your school's requirements) * Yes / No If yes, please explain for what purpose:			
Languages spoken: *English / Mandarin / Malay / Tamil / Dialects (please specify) / Others (please specify):			
Do you drive? *Yes / No If Yes, please state licence class:			



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SECTION 3: AVAILABILITY AND YOUR VOLUNTEER PROJECTS

How frequent would you like to volunteer with us? * Weekly / Fortnightly / Monthly / Ad hoc / Once or twice a year	
When can you start? _____ (MM/YY)	
How long do you intend to commit? From _____ (MM/YY) to _____ (MM/YY)	
Which kinds of volunteering projects would you like to participate in?	
<input type="checkbox"/> Resident Engagement Projects	<input type="checkbox"/> Non-Resident Engagement Projects
<input type="checkbox"/> Off-Site Projects	<input type="checkbox"/> Staff-Related Projects

SECTION 4: HEALTH AND OTHER DECLARATION

Have you taken the latest flu vaccination? (if you circled 'yes', please provide the vaccination date: _____)	* Yes / No
Have you suffered, or are you now suffering, from any illnesses, disorders, injuries, medical conditions, physical impairments or problems or congenital or hereditary disorders?	* Yes / No
Are you suffering from any psychiatric or mental illness?	* Yes / No
Have you ever been found guilty of any crime or are there any pending criminal charges awaiting a hearing in a court of law?	* Yes / No
Are you required by court order to serve volunteer hours or corrective work orders?	* Yes / No
Have you experienced a recent bereavement in your immediate family in the last six months?	* Yes / No
If you answered yes to any of the above questions, please provide details:	



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Declaration

I declare that the information provided in this application is true and correct. I confirm that I agree and understand that the information may be disclosed to any party within St Joseph's Home (STJH) or to Catholic Welfare Services (our parent organisation) with purpose for application and proper interest to volunteer work and will indemnify STJH from any liability whatsoever for supplying such information under the specified circumstances.

I understand that I must be at least 16 years of age to volunteer at STJH. I agree that I will need parental consent if I am under the age of 16 before I may start to volunteer at STJH.

I allow STJH to contact my referees to verify information provided or to provide further information relevant to the application and volunteer work.

I consent St Joseph's Home to record and use my name, image, voice, video and interview for its publicity materials for the purposes of enabling St Joseph's Home to further its mission in the community.

I acknowledge that STJH reserves the right to accept or decline my application to volunteer based on the organisations' needs.

For applicants 16 years old and above

Name (as in NRIC): _____

NRIC / FIN No. (last 3 digits & checksum e.g. Sxxxx567/A): _____

Signature: _____ Date: _____

For applicants under 16 years old

I, _____ (Name and NRIC/FIN), *parent / guardian of
_____ (Name and NRIC/FIN) hereby allow my *child / ward
to volunteer at STJH. By signing on the below, I agree to all the clauses stated as above.

Signature: _____ Date: _____

Contact Number: _____ (Home) _____ (Mobile)