
Impact Giver (Organisations / Groups) – Application Form

Dear Prospective Partner,

We are glad to know of your interest to volunteer with St Joseph's Home.

Different groups ask to volunteer with us for different reasons – some do it as part of their company's corporate social responsibility, others to experience an alternative reality or for spiritual purposes.

To help you decide if St Joseph's Home is indeed the right place for you and that our residents are the seniors whom you have in mind to engage, kindly complete this [screening tool](#) before continuing with this application.

Once you have completed the tool and are certain that this is the place for you, do browse our [list of impact giving opportunities](#) on our website for details. We encourage all organisations and groups to consider adopting specific projects that your members can then directly work on with our residents, or take turns among yourselves to keep the project going. Preferably this should be on a regular, long-term basis (at least 8 hours a month over a year). This is so that there is time for your members to get to know the seniors and vice versa, thus enabling fulfilling relationships to be cultivated.

If you feel your organisation can contribute in ways other than direct volunteering, do indicate this in the application form below. There may be different requirements for other forms of volunteering depending on the nature of the project.

Once you have completed the application, schedule a chat with us prior to the actual volunteering. This is to give us a chance to understand your needs and aspirations so we can better tailor opportunities for you.

Should you have questions or clarifications, feel free to contact us at either volunteer@stjh.org.sg or 6268 0482.

We look forward to welcoming you.

The Volunteer Management Team
St Joseph's Home

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After you have completed this application form, kindly email it to us at volunteer@stjh.org.sg

All information provided will be kept in strictest confidence.

SECTION 1: KEY INFORMATION AND CONTACT DETAILS

*please circle/tick as appropriate

Name of Organisation / Group:	
Address:	
What does your organisation do?	
How many staff does your entire organisation have?	
Organisation / group website (if any):	
Salutation of key contact person: *Ms / Mrs / Mdm / Mr / Dr	
Full name (underline surname):	
Contact number: (Organisation)	(Mobile)
Email:	
How would you like to volunteer with us? *pls tick all that apply	
<input type="radio"/> Single Visit	<input type="radio"/> Fundraising
<input type="radio"/> Skill-based volunteering (e.g. reviewing legal documents, providing therapy)	<input type="radio"/> Advocacy (e.g. campaign for our cause)
<input type="radio"/> Project-based volunteering (e.g. working on specific projects with our residents / staff)	<input type="radio"/> Planning of events that meet the needs of the home.
<input type="radio"/> Pro-bono services (e.g. HR consulting, content creation)	<input type="radio"/> Allow for the free use of your resources (e.g. meeting rooms)
<input type="radio"/> Others (please specify):	
If you ticked 'Single Visit' above, please indicate 2 preferred dates:	
1 st Choice: _____	
2 nd Choice: _____	
Day Preferred*:	Timing Preferred*:
<input type="checkbox"/> Weekday (pls specify): _____	<input type="checkbox"/> 9.30am – 11 am
<input type="checkbox"/> Saturday	<input type="checkbox"/> 2.30pm – 4.30pm
<input type="checkbox"/> Sunday	

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What do you plan to do during your single visit?

(please give as detailed a programme as possible. Priority will be given to those with a clear idea of what they hope to achieve and whose activities are meaningful to our residents.)

If you did not select 'Single Visit', how long do you intend to volunteer?

Group size: _____ **Age range of members:** _____

SECTION 2: ABOUT YOUR ORGANISATION / GROUP

Is this your first time volunteering with St Joseph's Home? * Yes / No

If no, please share more about your past experience (when did you volunteer? What did you do?)

How did you come to know about St Joseph's Home?

Are you familiar with the type of residents living in our home? *Yes / No

(if no, please visit www.silverpages.sg to find out more before completing this form. This is also to help you determine if St Joseph's Home is the right place for you to invest your time and energy.)

Has your group volunteered elsewhere previously? If so, please state where and when.

Objective of Visit*:

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- Fulfil company CSR goals
- Fulfil other requirements (please specify): _____
- Others (please specify): _____

Languages spoken by your members: *English / Mandarin / Malay / Tamil / Mandarin Dialects (pls specify below) / Others (pls specify):

What other skills do you think your group has that would be useful for your partnership with us?

Any other comments?

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Declaration

I certify that the information provided in this application is true and correct. Failure to do so could result in the termination of the volunteer partnership with St Joseph's Home.

With my consent, I understand that this information may be disclosed to any party within St Joseph's Home (STJH) with proper interest in the volunteer programme 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 and if I am under the age of 16, I will need parental consent.

I agree to observe the necessary safety precautions and conditions, as advised by STJH staff, in the course of my volunteer service. I hereby indemnify STJH from any claims and liability of any nature if I fail to do so.

I am agreeable for St Joseph's Home to take, record and use my photo, name, image, voice, interview for its publicity materials for the purpose of enabling St Joseph's Home to further its mission in the community.

For applicants above 21 years old

Name: _____ NRIC / FIN Number: _____

Signature: _____ Date: _____

For applicants under 21 years old

I, _____ (Name and NRIC/FIN Number), allow my

*child / ward _____ (Name and NRIC / FIN

Number) to volunteer at STJH. I understand that by signing on the below, I am agreeable to all the clauses stated as above.

Signature of * Parent / Guardian: _____ Date: _____

Contact Number: _____ (Home) _____ (Mobile)