



Marymount Centre

Touching Lives, Building Hope

Good Shepherd Place, 9 Lorong 8 Toa Payoh Singapore 319253

VOLUNTEER REGISTRATION FORM

Name (* Mr / Mrs / Miss / Mdm / Dr) Name in Chinese (if applicable) NRIC (* Pink / Blue) / Passport No:		Attach Photo
Home Address: Block No: _____ Unit No: _____ Street / Building Name: _____ Postal Code: _____		
Home Telephone No: _____ Office No.: _____ Mobile No.: _____ E-mail: _____		
* Sex: M / F Date of Birth: _ _ / _ _ / _ _ _ _ Country of Birth: _____		
Nationality <input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Others, please specify _____	Race <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Malay <input type="checkbox"/> Others, please specify _____	Religion <input type="checkbox"/> * RC / Christianity <input type="checkbox"/> Buddhism <input type="checkbox"/> Hinduism <input type="checkbox"/> Islam <input type="checkbox"/> Others, please specify _____
* Marital Status: Single / Married / Divorced		Occupation: _____ Company: _____
Highest Education Level: <input type="checkbox"/> GCE 'N' Level / 'O' Level <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Others, please specify <input type="checkbox"/> GCE 'A' Level <input type="checkbox"/> Master's Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Doctorate _____		
Areas of Interest: <input type="checkbox"/> Cooking / Baking <input type="checkbox"/> Tutoring (please specify) _____ <input type="checkbox"/> Reading with Child <input type="checkbox"/> Skills teaching (please specify) _____ <input type="checkbox"/> Singing / Dancing <input type="checkbox"/> Others (please specify) _____ <input type="checkbox"/> Outdoor Activities		

* Please delete accordingly



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Language Proficiency:

Spoken: _____

Written & Spoken: _____

Voluntary Commitment:

_____ hours per week

Days Available

Mondays

Tuesdays

Wednesdays

Thursdays

Fridays

Saturdays

Sundays

Ad-hoc

Community Work Experience (if any)

Membership and Position in Other Organizations (if any):

I am interested to volunteer at Marymount Centre because _____

Referral (not a family member)

Name:

Address:

Occupation:

Contact no(s):

Declaration :

- i) I confirm that I have no criminal records with any court of law in or out of Singapore and have not committed any offences which could be chargeable in any court of law in or out of Singapore.
- ii) I understand that I need to commit at least 6 months as a volunteer and to abide by the Code of Conduct expected of a volunteer of Marymount Centre.
- iii) I understand that my particulars would be sent to MSF for screening and I must pass the screening before I can commence my voluntary service at Marymount Centre.

Signature:

Date:

Note: All personal data collected in this form is for evaluating your suitability to assume the role as a volunteer in our organization. It is also for our record purpose and for us to communicate with you if you are officially recruited as a volunteer. All your personal data will be kept confidential.