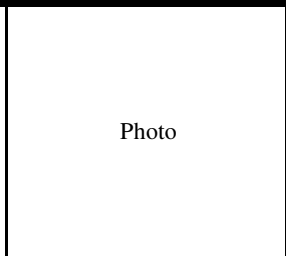




C.I.T.Y. Community Services

Address: 298 Tiong Bahru Road #03-04 Central Plaza, Singapore 168730
Tel: 6593 6467 Fax: 6276 7748
Website: www.citycomm.org.sg Email: info@citycomm.org.sg



Volunteer Application Form

PERSONAL PARTICULARS

Name as in NRIC/Passport:			Citizenship:		
NRIC/Passport No.:	Date of birth:	Gender: Female / Male *		Race	
Home Address: Singapore				Marital Status:	
Home Tel:	Office Tel:	Handphone No.:	Email address:		
Occupation:		Religion:	Name of Church Attending:		

EMERGENCY CONTACT

In case of emergency, name of person to contact:		Relationship:
Address:		Contact No.:

**Please delete where not applicable*

ACADEMIC & OTHER QUALIFICATIONS (Please list the highest academic qualification)

EMPLOYMENT EXPERIENCE (Existing/Most recent 2 jobs)

Company:	Position:	Duration:
_____	_____	_____
_____	_____	_____

KNOWLEDGE OF LANGUAGES/DIALECTS (please indicate with a 'X')

	English	Mandarin	Malay	Tamil	Others please _____	_____	_____
Spoken:	[]	[]	[]	[]	specify:	[]	[]
Written	[]	[]	[]	[]		[]	[]

TALENTS & SKILLS THAT YOU WILL LIKE TO SHARE (please indicate with a 'X')

<input type="checkbox"/> Art & Craft	<input type="checkbox"/> English Language Skills	<input type="checkbox"/> Computer Knowledge/ Skills
<input type="checkbox"/> Musical	<input type="checkbox"/> Writing	<input type="checkbox"/> Your profession through talks and workshops
<input type="checkbox"/> Drama	<input type="checkbox"/> Organize English Games / Activities	<input type="checkbox"/> Others please specify: _____
<input type="checkbox"/> Sports	<input type="checkbox"/> Public Speaking & Presentation	_____

INTERESTED AREAS OF VOLUNTEER PROGRAMMES (please indicate with a 'X')

Befrienders Club []	CITY Youth Hub []	Workshops []	Art & Craft []
Tuition []	English Games / Activities []	Sports []	General Help []
Career Fair []	Enrichment classes []	Outings / Camps []	E.g., logistics, driver etc

** You do not need to be an expert/ specialist in the areas you indicated above, only a willing heart :)*

COMMITMENT OF VOLUNTEER SERVICE (please indicate with a 'X')

[] Weekly [] Fortnightly [] Monthly [] Adhoc basis Others: _____

AVAILABLE DURATION OF VOLUNTEER SERVICE (please indicate with a 'X')

[] 6 Months [] 1 Year [] 2 Years Others: _____

SCHEDULE OF AVAILABILITY (please indicate with a 'X')

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
11am - 3pm	---		---	---	---	---	---
1pm - 5pm						---	---
12pm - 6pm						Tuition (1.30pm - 3.30pm)	---

(CITY Youth Hub, Redhill)

Remarks: _____

VOLUNTEER EXPERIENCE

Have you ever been, or currently are, a volunteer in another organisation? Yes / No *

If yes, name of the organisation: _____

Period of volunteering: _____

Main responsibilities: _____

Reasons for leaving: _____

**Please delete where not applicable*

DECLARATION

By submitting this application to C.I.T.Y. Community Services, I am indicating my understanding and agreement to:

1. Abide by C.I.T.Y. Community Services' rules and guidelines governing volunteers.
2. Accept C.I.T.Y. Community Services' decision on my application.
3. Be deployed initially as a temporary volunteer for 3 months in order for C.I.T.Y. Community Services and myself to assess my

I hereby declare that the information furnished on this application is to the best of my knowledge to be true and accurate .

Signature: _____ Date: _____

STATEMENT OF SUPPORT FROM VICAR/PASTOR* OF CHURCH

I support my church member, _____, to serve as a volunteer in C.I.T.Y. Community Services.

Vicar/Pastor's* Name & Signature

Contact No: _____

**Please delete where not applicable*

Church Stamp

Date: _____

ASSESSMENT (For official use only)

Interviewed/Assessed by: _____

Date: _____

Remarks, if any: _____
