

VOLUNTEER INTEREST FORM

Name: _____ NRIC No: _____

Address: _____

_____ Post Code: _____

DOB: _____ Tel: _____ (O) _____ (H/P) _____ (H)

Occupation: _____ Language Spoken: _____

*Email: _____

Special Skills/Interests: _____

Area in which you think you may be interested in :-

Home Care Program - Respite Care

Transport

Exhibitions & Community Awareness Program

Office Duties

Number of hours I can commit each week: _____ Day/s of week: _____

I agree to attend the Basic Volunteer Training Program before I can be considered as a volunteer.

Signature: _____

Date: _____

For Office Use only:

Date of 1st Interview: _____ Conducted by: _____

Comments of 1st interview:

Date of 2nd interview - (After Basic Training)

Comments:

