



Please provide
TWO recent
passport photos

Friends of CGH Volunteer Application Form

Personal Details:		
Title: <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Ms		
First Name: _____		
Last Name: _____		
NRIC / FIN No: _____ <i>(Last 4 characters eg XXXX653E)</i>		Date of Birth: _____
Tel (HP): _____		Tel (H): _____
Email: _____		
Nationality: _____		Gender: _____
Dietary Restrictions: _____ (Vegetarian / Halal)		
Home Address:		
Blk No:	Street Name:	Building Name:
Floor No:	Unit No:	Postal Code:
Name of Emergency Contact:	Contact No (HP):	Relationship:
Language Proficiency: (Spoken)		
<input type="checkbox"/> English <input type="checkbox"/> Malay	<input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil	<input type="checkbox"/> Dialects / Others _____
Areas of Interest (You may tick more than 1)		
<input type="checkbox"/> Patient Guides		
<input type="checkbox"/> Befrienders @ wards		
<input type="checkbox"/> Play Therapy @ wards		
<input type="checkbox"/> Clinic engagement		
<input type="checkbox"/> A & E engagement		
<input type="checkbox"/> Events / Public Forums		



Availability

Commencement Date: _____

Frequency: Weekly Fortnightly Monthly Ad hoc

Please indicate your preferred day and time slots (X)

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
9-11am							
2-4pm							
4-6pm							

Why do you want to volunteer?

Do you have any friends / relatives working / volunteering at CGH?

Background Information (please tick accordingly)

Are you in good health?

- No (please elaborate) _____
- Yes

Have you ever been treated for any psychiatric / psychological problems?

- Yes (please elaborate) _____
- No

Have you ever been convicted in the court law in any country?

- Yes (please elaborate) _____
- No

Declaration

- I hereby confirm that all the information provided in this application form is accurate and true. I also agree to abide by the Volunteer Service Guidelines, all policies and procedures administered by CGH.
- I hereby give my consent for the use of my name, voice and photogenic / electronic images for events and publicity materials including social media.

Volunteer Signature

Date