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**CONFIDENTIAL**

<b>PHOTO</b>
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**CHEN SU LAN METHODIST CHILDREN'S HOME  
VOLUNTEER'S PARTICULARS FORM**

**Personal Particulars:**

Full Name ( <i>as indicated in NRIC</i> )		NRIC	Date of Birth	Age	Sex M / F
Marital Status	Race	Religion ( <i>if Christian, please give church name</i> )	Highest education standard		
Home Address		Tel (H)			
		Tel (O)			
Occupation & Company Address		Tel (HP)			
		Fax			
Do you drive? [ ] Yes [ ] No	Do you have a car? [ ] Yes [ ] No	Email			
Spoken Language (s)		Written Language (s)			

**Emergency Contact:**

Name of Person to Contact	Relationship	Tel (H)
		Tel (O)
Address ( <i>To be filled in if different from the above</i> )		Tel (HP)
		Email

**Volunteering Section:**

<b>I am able to help in the area of:</b>		
<b>General:</b> [ ] Administration [ ] Art [ ] General Maintenance [ ] Recreational [ ] Tuition [ ] Spiritual Services (Christian education)	<b>Special skills:</b> [ ] Cooking [ ] First Aid [ ] Hairdressing [ ] IT / PC Network [ ] Mentoring [ ] Music [ ] Performing Arts	<b>Special skills (continued):</b> [ ] Phonics [ ] Speech & Drama [ ] Others
How did you learn about the Home?	Please indicate the days & times when you are available to volunteer:	
<b>I can volunteer my services on a:</b> [ ] Long-term basis (at least 1 year) [ ] Short-term basis (at least 6 months) starting from: _____ to _____		

<b>References:</b> (2 referees required)				
<b>Name</b>	<b>Email Address</b>	<b>Contact number</b>	<b>Occupation</b>	<b>Years known</b>

**Questionnaire:**

	<b>Yes</b>	<b>No</b>
1. Do you have any prior experience in dealing with children?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you open to attend training programmes for volunteers?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have any medical conditions? If yes, please state which medical conditions:	<input type="checkbox"/>	<input type="checkbox"/>
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4. Have you ever been detained by the Police or any Government authorities?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever been convicted in a court of law in any country? If yes, please state the reason why:	<input type="checkbox"/>	<input type="checkbox"/>
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I confirm that the above information is true to the best of my knowledge and agree to abide by the terms and conditions as stipulated by Chen Su Lan Methodist Children’s Home.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Stipulation of Consent (Personal Data Protection Act 2012)**

In compliance with the Personal Data Protection Act (2012) we kindly seek your consent to collect, use and/or disclose your personal data in relation to your application to volunteer at the Chen Su Lan Methodist Children’s Home (CSLMCH).

Chen Su Lan Methodist Children’s Home will only collect, use and/or disclose your personal data for the purposes of administration, **screening by Ministry of Social and Family Development**, public relations, and to contact you regarding your volunteering services and / or other activities, events and programmes organised by CSLMCH.

Signature \_\_\_\_\_

Date \_\_\_\_\_

We would like your feedback on any matters related to volunteering experience in the home.  
Please do not hesitate to contact us at 6713 9163 or email richard@cslmch.org.sg to help us improve further.