



SingHealth Polyclinics (SHP) Helping Hands

Volunteer Application Form

Thank you for your interest in joining us as a volunteer. All information provided in this application form will only be used for screening purposes under our SHP Helping Hands volunteer programme.

PERSONAL PARTICULARS		
Salutation: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Mdm <input type="checkbox"/> Others (<i>pls specify</i>):		Attach recent passport photo
Full Name (<i>as per NRIC/Passport</i>):		
Alias/Other Name (<i>if any</i>):		
NRIC/FIN Number: (<i>For applicants age 49 years old and below, please provide last 4 digits of your NRIC/FIN Number only</i>)		
Nationality: <input type="checkbox"/> Singaporean <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Other (<i>pls specify</i>):	Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
	Marital Status:	
	Race:	Dialect Group (<i>if any</i>):
Home Address: Postal Code:	Contact Number Mobile: Home: Office:	
Email Address:		

EMERGENCY CONTACT		
Contact Person Name	Relationship	Contact Number(s)

EDUCATION BACKGROUND	LANGUAGE PROFICIENCY (<i>Please tick where applicable</i>)
<input type="checkbox"/> Primary/PSLE <input type="checkbox"/> Secondary/O-Level <input type="checkbox"/> JC/A-Level <input type="checkbox"/> Poly/Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Others (<i>pls specify</i>):	Spoken <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Dialects/Others (<i>pls specify</i>):
	Written <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Mandarin <input type="checkbox"/> Tamil <input type="checkbox"/> Others (<i>pls specify</i>):

RELEVANT SKILLS (<i>Please indicate your relevant Skill Sets, if and where applicable. You may tick more than 1 box</i>)
<input type="checkbox"/> Basic First Aid Skills <input type="checkbox"/> Basic Counselling Skills <input type="checkbox"/> Clinical/ Medical-related Skills <input type="checkbox"/> Caregivers' Training/ Patient-care <input type="checkbox"/> Others (<i>pls specify</i>):

EMPLOYMENT STATUS	
<input type="checkbox"/> Working Full-Time <input type="checkbox"/> Working Part-Time <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Others (<i>pls specify</i>):	
Occupation (<i>current or past if applicable</i>):	School (<i>for student</i>):

PAST AND PRESENT VOLUNTARY WORK (<i>if applicable</i>)		
Do you currently have any other volunteer commitment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Organisation	Period of Service	Type of Voluntary Work Performed

HOW DO YOU GET TO KNOW ABOUT OUR VOLUNTEER PROGRAMME		
<input type="checkbox"/> Our Polyclinic <input type="checkbox"/> SHP Website <input type="checkbox"/> Our Patient <input type="checkbox"/> SHP Facebook <input type="checkbox"/> Our Volunteer (<i>pls provide name</i>): <input type="checkbox"/> Our Staff (<i>pls provide name</i>): <input type="checkbox"/> Others (<i>pls specify</i>):	Share with us your motivation for becoming a volunteer and why you choose to volunteer with SHP	

COMMITMENT – PLEASE INDICATE YOUR AVAILABILITY AND PREFERRED TIME SLOT(S)							
I would like to volunteer at: (<i>please indicate the location of our polyclinic</i>)							
Availability No. of Sessions per week: _____ <i>A minimum commitment of 6 months is encouraged; Timing of the sessions can be adjusted according to individual preference.</i>		Mon	Tue	Wed	Thu	Fri	Sat
	Morning (8am – 12pm)						
	Afternoon (2pm – 4pm)						

HEALTH AND MEDICAL CONDITIONS	
Chronic Heart Disease <input type="checkbox"/> Yes (Current condition) <input type="checkbox"/> Yes, but I have recovered from it (Past condition) <input type="checkbox"/> No	Chronic Kidney Disease <input type="checkbox"/> Yes (Current condition) <input type="checkbox"/> Yes, but I have recovered from it (Past condition) <input type="checkbox"/> No
Chronic Lung Disease (e.g. Asthma) <input type="checkbox"/> Yes (Current condition) <input type="checkbox"/> Yes, but I have recovered from it (Past condition) <input type="checkbox"/> No	Diabetes <input type="checkbox"/> Yes (Current condition) <input type="checkbox"/> Yes, but I have recovered from it (Past condition) <input type="checkbox"/> No
Impaired immunity (e.g. long term steroids, chemotherapy, immunosuppressant such as cyclophosphamide) <input type="checkbox"/> Yes (Current condition) <input type="checkbox"/> Yes, but I have recovered from it (Past condition) <input type="checkbox"/> No	Hypertension <input type="checkbox"/> Yes (Current condition) <input type="checkbox"/> Yes, but I have recovered from it (Past condition) <input type="checkbox"/> No
Do you have any active infectious diseases e.g. Tuberculosis? <input type="checkbox"/> Yes (Current condition) <input type="checkbox"/> No	If you have other medical conditions not stated above, please specify:

VACCINATION

The wellbeing and safety of our volunteers are important to us. Volunteers who wish to volunteer at our polyclinics are required to be fully vaccinated against (1) Measles, Mumps and Rubella (MMR), (2) Varicella (Chickenpox), (3) Tetanus, Diphtheria and Pertusis (TDAP) and (4) COVID-19. Please assist to update your vaccination status and enclose relevant vaccination certificates/documents.

Measles, Mumps and Rubella (MMR) (2 doses required)

- Yes – Date of immunisation:
 No
 Unsure

Varicella (Chickenpox) (2 doses required)

- Yes – Date of immunisation:
 No
 Unsure

Tetanus, Diphtheria and Pertusis (TDAP)

- Yes – Date of immunisation:
 No
 Unsure

COVID-19 (In accordance with the National Vaccination Programme)

- Yes – Date of immunisation:
 No
 Unsure

Hepatitis B

- Yes – Date of immunisation:
 No
 Unsure

Influenza

- Yes – Date of immunisation:
 No
 Unsure

DECLARATION

Have you ever been dismissed or discharged from the service of any organizations?

If yes, please specify :

Yes No

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

If yes, please specify :

Yes No

Have you ever been convicted in a court of law in any country?

If yes, please specify :

Yes No

I certify that all the information provided in this application form is accurate, complete and true to the best of my knowledge. I understand that if any false information or omissions are discovered, my volunteer status will be terminated.

By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consent to the SingHealth Data Protection Policy, a copy of which is available at www.singhealth.com.sg/AboutSingHealth/Personal-Data-Protection-Act-PDPA. Hard copies are also available on request.

I consent to SingHealth Polyclinics and its related corporations (collectively '**SingHealth**'), their agents and SingHealth's authorised service providers collecting, using, disclosing and/or processing my personal data for SHP Volunteer Programme: Helping Hands.

I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to SingHealth in respect of my personal data, and are additional to any rights which SingHealth may have at law to collect, use or disclose my personal data.

I do hereby give SingHealth Polyclinics permission to inquire into my personal information, health records, police records, past employment or volunteering history for the purpose of verification of information and periodic evaluation required for the program.

Applicant's Signature

Date (DD/MM/YYYY)