



APPLICATION FORM FOR VOLUNTEERS

We are really pleased that you are considering to volunteer at KK Women's and Children's Hospital! Kindly provide us with your details below and we will contact you.

Please note:

- We would appreciate it if you could fill the form using **BLOCK** letters. Please fill in **ALL** sections.
- Unsigned forms are not considered valid. Thank you.

1. PERSONAL DATA

Full name (underline surname)							
NRIC / FIN No.				Nationality			
Age		Gender		Date of birth			
Home address						Postal code	
Email		Handphone		Tel (h)		Tel (o)	

Please tick :

- Student. Please state name of school/course of study: _____
- Non-student. Please state occupation: _____
Name of employer: _____
- Homemaker
Previous work experience, if applicable: _____
- Retiree
Previous work experience: _____
- Others, please elaborate: _____

2. LANGUAGE PROFICIENCY

- I can speak English Mandarin Malay Tamil Others _____
- I can write English Chinese Malay Tamil Others _____

3. EDUCATION LEVEL

- Secondary College Polytechnic University Others _____

4. INTERESTS/SKILLS

Skills which I can share during voluntary service



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5. EXPERIENCE IN VOLUNTARY WORK (if applicable)

Organisation	Period of service	Briefly describe type of voluntary work performed	Name of reference

6. COMMITMENT

Please rank your programme of choice in order of preference (1-most preferred, 5-least preferred). You need not rank all five, if it is not applicable.

Rank	Volunteer Programme	Requirements (please refer to www.kkh.com.sg for more details)
	KK Juniors Club	<ul style="list-style-type: none"> ▪ Above 20 years old ▪ Ad-hoc, per project basis
	Patient Education Centre	<ul style="list-style-type: none"> ▪ Above 16 years old ▪ Able to commit at least 6 months
	Play Activity	<ul style="list-style-type: none"> ▪ Above 18 years old ▪ Able to commit at least 6 months, once a week ▪ Play Centre schedule : Monday to Friday, 9.30am–12.30pm, 1.30pm–5.30pm ▪ Ward Play schedule : Monday to Friday, 10.00am – 12pm, 3pm – 5pm
	Ward Entertainment Programme	<ul style="list-style-type: none"> ▪ Above 18 years old ▪ Able to commit at least 6 months, once a fortnight ▪ Ward entertainment schedule : Wednesdays and Saturdays, 2.30-4.30pm
	Women's Cancer Support Group	<ul style="list-style-type: none"> ▪ Above 20 years old ▪ Able to commit to 1 year and attend 2 monthly report meetings

Please refer to the time and day requirements of the programme/s you have selected. Please tick the slot/s you are available:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

I can commence voluntary work in _____ (month/year)

7. Please describe in detail why you are interested in volunteering at KK Hospital?

8. How did you come to know of the volunteer programmes at KK Hospital?

KKH website
 Friends
 Ex-patient
 Others _____



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9. REFERENCES

Please list 2 references (past or present employers, volunteer co-ordinators, teachers etc.).
Please do not list family members or friends as references.

Name	Relationship to applicant	Tel (office)	Tel (handphone)

10. BACKGROUND CHECKS

We consider the safety and security of our patients to be of utmost importance.

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

Yes, please specify : _____ No

11. EMERGENCY CONTACT

Name of contact	Relationship to applicant

Handphone	Tel (h)	Tel (o)

I certify that the above information is true and correct. I also agree to abide by all Hospital policies and procedures.

Applicant's Signature

Date

***Please submit together with this application form, a photo-copy of your identification card (front & back)/passport and 2 passport/IC size photos.**

<i>For official use only</i>			
<i>Interviewed by / date</i>		<i>Programme</i>	
<i>Accepted for temp</i>	<input type="radio"/> Yes <input type="radio"/> No	<i>Temp badge no/date of issue</i>	
<i>Confirmed permanent</i>	<input type="radio"/> Yes <input type="radio"/> No	<i>Perm badge no/date of issue</i>	
<i>End of service</i>		<i>Remarks</i>	