

## APPLICATION FORM FOR REGULAR VOLUNTEERS

Thank you for choosing to volunteer at KK Women's and Children's Hospital!  
 Kindly provide us with your details below and we will be in contact with you soon.

**Please note:**

- **Please fill in ALL sections.**
- **The application is subject to the approval of the Hospital and we reserve all rights, including the rejection of incomplete, unsigned forms.**

### 1. PERSONAL DETAILS

Full name (as in NRIC)								
NRIC / FIN No. (last four characters)				Nationality				
Age at application	Gender	Date of Birth	Marital Status					
			No. of children					
Home address							Postal code	
Email		Mobile		Tel (H)		Tel (Off)		

Please tick the most relevant:

- Student. Please state name of school/course of study: \_\_\_\_\_
- Employed. 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/Dialects \_\_\_\_\_

### 3. HIGHEST EDUCATION LEVEL

Secondary  Junior College  Polytechnic  University  Others \_\_\_\_\_

### 4. TALENTS/SKILLS/INTERESTS

Talents/Skills/Interests which I can share during voluntary service

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### 5. EXPERIENCE IN VOLUNTARY WORK

(please indicate 'NIL' if you do not have any volunteering experience )

Organisation	Period of service	Briefly describe type of voluntary work performed	Name and contact no. of reference

### 6. Please let us know why you are interested in volunteering at KKH?

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### 7. How did you come to know of the volunteer programmes at KKH?

KKH website  
  Friends  
  I am an ex-KKH staff  
  I am an ex-patient  
  Others \_\_\_\_\_

### 8. REFERENCES

Please list at least 1 reference (past or present employers, volunteer co-ordinators, teachers etc.).

Please do not list family members or friends as references.

Please note that we may contact the references that you provide.

Name	Relationship to applicant	Email	Mobile number

### 9. BACKGROUND CHECKS

The safety and security of our patients is our priority. KKH reserves the right to conduct background checks on all potential volunteers.

Have you ever been convicted in a court of law, or been a subject of criminal investigation in any country?

No     
  Yes, please specify: \_\_\_\_\_

### 10. EMERGENCY CONTACTS

Name of contact	Relationship to applicant		
Mobile	Tel (H)		Tel (Off)

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### 11. VOLUNTEER PROGRAMMES AND COMMITMENT (FOR REGULAR VOLUNTEERING)

Please rank the top 3 volunteer programmes that you are keen to participate in, with 1 being the most preferred.

Please also note these requirements:

1. To be compassionate and sincere towards our patients, their families and caregivers
2. To have a professional and positive attitude at all times
3. To be willing to accept and practise hospital policies and procedures
4. To be able to attend a 'get-to-know-you' session, orientation and training (if training is required)
5. To be able to fulfil the commitments required (commitment date only starts from the first day of volunteering)

Rank	Volunteer Programme	Requirements / Roles
	Clinic Play	<ul style="list-style-type: none"> <li>• Age 13 years and above (to form own group of 5-10)</li> <li>• Able to commit for at least 3 months after orientation, once a week on a fixed weekday</li> <li>• Monday to Friday, 10.00am to 12.00pm / 3.00pm to 5.00pm</li> <li>• To be stationed at play areas and run sessions with children in the hospital's Specialist Outpatient Clinics</li> <li>• Parent/Guardian consent is required for applicants below 18 years of age</li> </ul>
	Ward Play	<ul style="list-style-type: none"> <li>• Age 18 years and above</li> <li>• Able to commit for at least 6 months after orientation*, once a week on a fixed weekday</li> <li>• Monday to Friday, 10.00am to 12.00pm, 3.00pm to 5.00pm</li> <li>• Independently run group and/or bedside play sessions in the wards with occasional supervision by Child Life staff</li> <li>• Interact with children, families and nursing staff</li> <li>• Set up play area before session and wipe down toys after session</li> <li>• Help to prepare craft materials when requested</li> </ul> <p><i>* Orientation will be held on the first Thursday of alternate months (Feb, Apr, Jun, Aug, Oct, Dec)</i></p>
	Ward Entertainment Programme	<ul style="list-style-type: none"> <li>• Age 18 years and above (to form own group of 5-10)</li> <li>• Able to commit for at least 3 months after orientation, once a week on a fixed weekday, 3.00pm to 5.00pm</li> <li>• To bring a variety of entertainment to engage our women and children in the wards, such as art &amp; crafts, simple card and board games, balloon sculpturing, magic and mascot visits</li> </ul>
	KK Alpine Blossoms Breast Cancer Support Group	<ul style="list-style-type: none"> <li>• Age 25 years and above</li> <li>• Able to commit for at least 1 year, once a week on weekdays</li> <li>• Monday to Friday, two to four hours a week</li> <li>• Befriending and counselling cancer patients.</li> <li>• To engage cancer patients in support group activities</li> </ul>
	Women's Cancer Support Group	<ul style="list-style-type: none"> <li>• Age 21 years and above</li> <li>• Able to commit for at least 1 year, once a week on a fixed weekday</li> <li>• Able to attend support group meetings once every 2 months</li> <li>• Befriending and counselling cancer patients</li> <li>• Engaging cancer patients in craft / art activities</li> <li>• Establish at least once a month contact with assigned patients either by phone or hospital visits</li> </ul>

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Please refer to the time and day requirements of the programme/s you have selected, and tick the slot/s you are available for, in the table below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning						
Afternoon						

I can commence voluntary work in \_\_\_\_\_ (month/year)

**Please submit this application form along with one printed passport-size photo.**

You can submit the application form to us by email, at [volunteer@kkh.com.sg](mailto:volunteer@kkh.com.sg), or mail it to us at:  
KK Women's and Children's Hospital, 100 Bukit Timah Road, Singapore 229899  
(Attention: Corporate Communications Department, Volunteers Office)

Applicants who are interested in participating in our Clinic Play and Ward Entertainment programmes are requested to form their own team of 5-10 members. The teams must collate and submit their forms together by post only.

### Health Declaration Part 1

As a responsible healthcare institution, it is important for us to protect the well-being of our patients, staff and volunteers. We seek your understanding and honesty in filling up this health declaration form.

S/N	Details	Yes	No	Explanation
1	Are you currently in good health?			If No, please indicate your past and present medical history.
2	Are you taking any medication?			If Yes, please indicate the medication that you are currently taking.
3	Have you undergone any operations or will be going for any operations?			If Yes, please indicate the diagnosis and type of operation.
4	Have you been admitted to hospital in the last 24 months?			If Yes, please indicate the diagnosis, name of hospital and the year you were admitted.

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5	Are you suffering from hypertension or asthma?			If Yes, please indicate how long you have had this condition.
6	Are you a Hepatitis B or C carrier?			If Yes, please indicate which strain you are carrying and if you are currently on any medication.
7	Have you tested positive for HIV?			If Yes, please indicate how long you have had this condition.
8	Do you have any communicable disease or any health condition that may potentially affect your voluntary activities?			If Yes, please indicate the condition and if you are currently on any medication.
9	Do you have any other health condition that you would like to share with us?			If Yes, please provide details.

### Health Declaration Part 2

Apart from the health declaration above, all applicants are to also submit a copy of your health booklet together with the application form. We seek your understanding and co-operation to ensure that you have met the following requirements before you submit your application to us.

If you do not meet the requirements or do not know if you meet the requirements, please check with your nearest polyclinic or General Practitioner and attach the necessary medical documents certificated by the doctor together with your application to us.

**Chickenpox: Applicants must have –**

- Varicella IgG positive OR
- Completed 2 doses of chickenpox vaccine OR
- Doctor-diagnosed chickenpox infection in the past

**Measles: Applicants must have –**

- Measles IgG, Mumps IgG, Rubella IgG positive OR
- Completed 2 doses of MMR

I hereby declare that the above information provided is accurate and truthful

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Name of Applicant (as in NRIC): \_\_\_\_\_

NRIC/FIN (last four characters): \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Consent for applicants below 18 years of age

As the parent/legal guardian of the above-mentioned applicant, I hereby give permission to my child/ward to participate in KKH's Volunteering Programme, as per the commitment and application information provided above.

I also declare that the above information, provided about the applicant, is accurate and truthful.

I understand that he/she will be volunteering at his/her own risk and will be required to abide by KKH's policies and procedures. I also understand that he/she may be photographed or filmed in the course of volunteering, and agree for the images to be used at the hospital's discretion, such as for educational, instructional, editorial, broadcast or any other purpose as deemed necessary by KKH.

Signature of Parent/Guardian \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ NRIC/FIN No. (last four characters): \_\_\_\_\_

Relationship with Minor: Mother / Father / Guardian / Other\* (\*please specify): \_\_\_\_\_