

CORPORATE ORGANISATION/ SCHOOL GROUP COLLABORATION FORM



1. Let Us Know About You

Company / School Group: _____

Main Contact Person(s) :

1) Name: _____

Contact number: _____ E-mail address: _____

2) Name: _____

Contact number: _____ E-mail address: _____

2. Let Us Know Your Commitment

Your preferred schedule:

Day	Monday	Tuesday	Wednesday	Thursday	Friday	Sat/Sun
Timing (Please state from what time to what time)						

Frequency of involvement: Once a week Twice a week Others: _____

Date(s) of proposed project: _____

Number of volunteers: _____

Volunteers will be (please circle): Same throughout / Different every session

Special requirements (if any): _____

3. Project Plan

Purpose/Objective/Desired Outcome:

Brief Description of Project: *(please use additional pages if necessary)*

FOR OFFICIAL USE

Received by:
(Name of Officer/Date)

Action taken:

Please submit completed form to partnerus@go.edu.sg. Thank You.