



# VOLUNTEER APPLICATION FORM

Attach  
Recent  
Photograph

Available Period: \_\_\_\_\_

1. Let Us Know About You			
<b>Name as in NRIC (In BLOCK and <u>underline surname</u>)</b> *Dr / Mr/ Mdm / Mrs / Miss		<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>NRIC No.</b>	<b>Date of Birth (dd/mm/yyyy)</b>	<b>Country of Birth</b>	
<b>Race</b>	<b>Religion</b>	<b>Singapore PR: * Yes / No / NA</b>	
<b>Marital Status</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated		<b>NS Status (If applicable)</b> <input type="checkbox"/> Full Time <input type="checkbox"/> Reservist <input type="checkbox"/> Exempted	
<b>Home Address</b>		<input checked="" type="checkbox"/> <b>E-mail Address</b>	
Postal Code		<input checked="" type="checkbox"/> <b>Home Contact No.</b>	
<b>Language</b>		<input checked="" type="checkbox"/> <b>Mobile Phone No.</b>	
English	<b>Written</b> <input type="checkbox"/>	<b>Spoken</b> <input type="checkbox"/>	
Mandarin	<input type="checkbox"/>	<input type="checkbox"/>	
Malay	<input type="checkbox"/>	<input type="checkbox"/>	
Tamil	<input type="checkbox"/>	<input type="checkbox"/>	
<b>In case of emergency, please contact</b> Name: _____ Relationship: _____ Contact No.: _____			
<b>Please give details of other members of your household.</b>			
<b>Name</b>	<b>Sex</b>	<b>Date of Birth</b>	<b>Relationship</b>
<b>Highest Educational Level Attained</b> <input type="checkbox"/> Primary/Secondary <input type="checkbox"/> *GCE 'N'/'O'/'A' <input type="checkbox"/> ITE <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Master's Degree			
<b>Please tick the relevant boxes to describe your present situation:</b> <input type="checkbox"/> Employed <input type="checkbox"/> Job-seeker <input type="checkbox"/> Student <input type="checkbox"/> Part Time Job <input type="checkbox"/> Self-employed <input type="checkbox"/> Homemaker			
<b>Current Occupation/Course of Study</b>		<b>Name of Employer/Institute</b>	

## 2. Your Related Experiences

1. Are you currently a volunteer or member of a support/ volunteer group?  Yes  No

If Yes, please specify name of group/organization and current involvement:

---

2. If No, have you had any past experiences as volunteer?  Yes  No

If Yes, please specify name of organization and nature of activities:

---

3. In a few words, tell us why would you like to be a Grace Orchard volunteer?

---

4. Do you have training and/or work experience in any of the following areas? *Check all that apply.*

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Art/graphics    | <input type="checkbox"/> Child care               | <input type="checkbox"/> Education        | <input type="checkbox"/> Counseling    |
| <input type="checkbox"/> Psychology      | <input type="checkbox"/> Food & beverage Industry | <input type="checkbox"/> Service Industry | <input type="checkbox"/> Health care   |
| <input type="checkbox"/> Law enforcement | <input type="checkbox"/> New media/Writing/IT     | <input type="checkbox"/> Mental Health    | <input type="checkbox"/> Others: _____ |

## 3. Help Us Know About Your Interest

**Special skills & talents to contribute**

---

**Please list of your leisure time and activities (e.g. clubs, sports, hobbies, special interests)**

---

**Interests** (please choose the type of volunteer work you are interested)

- Children  Youth
- Instructional training e.g. cooking lessons, arts (please specify: \_\_\_\_\_)
- Organizing activities e.g. outings, fundraising etc.
- In-school Mentoring
- Administration/Instructional support
- Performing (musical instruments, singing, magic tricks, etc.)
- Others, please specify: \_\_\_\_\_

Note: We will try to match your interest and skills to the services that we provide. We seek your understanding that we will also consider the school's needs at the point of application when assigning volunteer work.

**Factors that motivate me in a volunteer role are: *Check all that apply.***

- Personal satisfaction
- Recognition by teachers/students
- Public recognition (e.g. news article, etc.)
- Organizational recognition (e.g. pins, news articles, banquet, etc.)
- Resume/skill building
- Professional opportunities
- Preparing students for future
- Community involvement
- Access to educational resources and training
- Others: please specify: \_\_\_\_\_

#### 4. Let Us Know About Your Commitment

##### Your Preferred Activities

- Involve in Ad-hoc project
- Involve in routine regular school activities:  once weekly  twice weekly  >twice weekly

##### Your Preferred Schedule

Time / Day	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					

- We ask our volunteers to make an initial commitment of 6 months. Please check the box to confirm your understanding. Starting from \_\_\_\_\_ (date).

Special considerations regarding my availability, length of commitment, etc. are:

\_\_\_\_\_

##### Current Volunteering Opportunities (regular basis)

Please tick your preference(s) after obtaining more information from Interviewer:

- Class traveling / Excursions (Ad-hoc)  Co-curricular Activities (Every Fridays)
- Pre-vocational training (Mon/Tues/Thurs)  Teaching resources (Any weekdays)
- Others, please specify: \_\_\_\_\_

##### How did you hear about Grace Orchard School?

- Our school's Website  Staff of our school: \_\_\_\_\_
- \*Family members / Relative / Current volunteer: \_\_\_\_\_
- Others: \_\_\_\_\_

##### Personal References

Please fill the particulars of a person who has known you for at least five years (excluding relative).

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

Relationship: \_\_\_\_\_ Length of acquaintance: \_\_\_\_\_

#### 5. Declaration

1.	Do you have any health conditions or restrictions that might affect the volunteer work? If yes, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been charged or convicted in a court of law in any country? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been involved in a juvenile court case as an adult or a child? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you related to any pupil / employee of Grace Orchard School? If yes, name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. Terms of Agreement

1. I do not conduct/solicit any communications with a profit in view with Grace Orchard School employees/students within or outside its premises.
2. I will not hold the school, its agents, employees or students liable for any personal injury or loss of personal belongings during the course of my volunteer involvement. I further understand that I am not covered by the School's insurance scheme in the event of any personal injury or loss of personal belongings.
3. I will bear the cost of my transport, meals and entrance fees (where applicable) incurred during the course of my volunteer involvement and understand that I am not entitled to any reimbursement.
4. I choose to participate in Grace Orchard School's program as a volunteer and understand that my services are donated to the School without compensation, allowance or future employment, and given for humanitarian or charitable reasons.
5. I understand that my volunteer assignment with Grace Orchard School may be terminated at any time.
6. I have read the "Guidelines for Volunteers" and will abide by it.
7. The abovementioned information given by me in this form is correct and true to the best of my knowledge.
8. I truly understand and accept that if any time after engagement it is found that a false declaration has been made in this form, the school has the right to terminate my volunteer involvement forthwith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Signature & Name of parent or guardian: \_\_\_\_\_  
(Required if applicant is under age 18)

### FOR OFFICIAL USE

Date Application Referred & Received:

Interview Date:

Name of Interviewer/Coordinator:

Recommendation from Interviewer:

Date of Orientation:

Date of Commencement:

Date of Termination:

Management Decision:

Accept    Reject    Under Review

Specify reason(s) for rejection & under review cases:

\_\_\_\_\_

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

Thank you for your interest in volunteering at Grace Orchard School. Once your application form has been processed, you will be contacted by a member of the staff.