

Thank you for your interest in volunteering at INFINITUDE Community's programs / events. To help us know you better, please provide us with your details by completing this form. Your personal details will be treated in the strictest confidence. The information is securely stored and will not be disclosed to any external party.

**Delete where applicable*

Personal Particulars			
Name (Please underline surname):	* Dr / Mr / Mrs / Mdm / Ms		
NRIC / FIN / Passport No.:		Nationality	
Date of Birth (DD/MM/YYYY)	____ / ____ / ____	Gender	Male / Female *
Race			
Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others (please state):		
Mailing Address			
Contact Details	(M)	(H)	(O)
Email Address			
Occupation	<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Full-Time / Part-Time * Nature of Work: _____ Designation: _____ Company: _____ <input type="checkbox"/> Retired <input type="checkbox"/> Self-Employer <input type="checkbox"/> Others (please state): </div> <div style="width: 48%;"> <input type="checkbox"/> Student Name of School: _____ Name of teacher in-charge: _____ Contact of teacher in-charge: _____ Email of teacher in-charge: _____ </div> </div>		
Religion	<input type="checkbox"/> Buddhist <input type="checkbox"/> Hindu <input checked="" type="checkbox"/> Others (please state): <input type="checkbox"/> Catholic <input type="checkbox"/> Muslim <input type="checkbox"/> Christian <input type="checkbox"/> Taoism		
Highest Qualification Level	<input type="checkbox"/> Primary <input type="checkbox"/> College <input type="checkbox"/> University <input type="checkbox"/> Secondary <input type="checkbox"/> Polytechnic <input type="checkbox"/> Others:		
Any known medical condition	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state):		

Allergies	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state):		
Driving License	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state):		
Volunteering experience	<input type="checkbox"/> No <input type="checkbox"/> Yes (please state):		
Emergency Contact	Name		Relations:
	Contact Number:	(M)	(H)
	Address (if different from your mailing address)		

Personal Skills and Interests			
Hobbies / Interests (please list)			
Language Proficiency	Spoken <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others (please state):	Written <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others (please state):	
Healthcare-related skills	<input type="checkbox"/> Medical	<input type="checkbox"/> Nursing	<input type="checkbox"/> Allied-health (please state):
Area of volunteering activities:			Would you like to be a Volunteer Leader? Yes / No *
Special talents	Media (e.g. photography, video, design, publication)	Creative Arts (e.g. dance, music, singing, handicraft)	IT & Admin (e.g. repair, troubleshooting, PC skills)

	Maintenance & Domestic (e.g. carpentry, gardening, cooking)	Education & Leadership (e.g. organizing events, teaching, public speaking)	Sports & Fitness (e.g. aerobics, games, pilates)
	Others (please specify)		
How did you learn about volunteering at INFINITUDE Community	<input type="checkbox"/> Family and friends	<input type="checkbox"/> Publications	<input type="checkbox"/> Others (please state);
	<input type="checkbox"/> INFINITUDE Website	<input type="checkbox"/> Social Media	
Why do you want to volunteer with INFINITUDE Community			

Commitment Level and Schedule							
Limited Availability	<input type="checkbox"/> I'm available only during this period (DD/MM/YYYY) to (DD/MM/YYYY):						
	<input type="checkbox"/> N/A. I'm quite available to help						
Days & Time of availability (please state time if applicable)		Mon	Tue	Wed	Thu	Fri	Sat
	Morning						
	Afternoon						
<input type="checkbox"/> No preference	Evening						
Frequency of Availability	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Ad-hoc	<input type="checkbox"/> No preference		

<p>Personal Data Protection (PDPA) Please tick on the boxes to indicate your approval</p> <p>Your consent is required for INFINITUDE Community to access your personal data for the following purposes:</p> <ul style="list-style-type: none"> • official correspondence between INFINITUDE and volunteer, including updates on volunteering at INFINITUDE; • accessing suitability of volunteer applicants; • building a consolidated electronic volunteer database; • managing relationships with you, including sending INFINITUDE's newsletters, greeting cards and invitations; • facilitating our various support program which you participate in; • and all other purposes reasonably related to the aforesaid.
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Photographs and/or videos may be captured during activities involving your volunteer service, for the purpose of INFINITUDE records and producing publicity content to promote our worthy causes and programs.

In relation to the PDPA, we would like to seek your consent for the following:

I hereby give my consent for:

Mentions of my application and use of the publicity content for prints, electronic and social media communication by INFINITUDE.

I would like to receive updates and news from INFINITUDE through:

- ☐ Mail
☐ Email
☐ Phone / Text Messages
☐ I do not wish to receive any updates or news

Any other comment

Declaration

☐ I agree to abide by the volunteer's code of conduct and rules and regulations drawn out by INFINITUDE Community. I testify that all information given is true and if I withhold or falsify information, INFINITUDE reserves the right to terminate my service with notice.

☐ I agree to the collection, use, and disclosure of my personal data to other volunteers and staff coordinators, if and where applicable to facilitate my volunteer service.

Applicant's Signature

Date

Note: Kindly email the completed application form to mschristineliwang@gmail.com

FOR OFFICIAL USE ONLY

Approved By		Volunteer Card / No	
End of Service		Remarks	