

CANOSSAVILLE CHILDREN'S HOME

APPLICATION FOR VOLUNTARY SERVICE

Personal Particulars					
Full Name (Underline Surname) Mr/Mrs/Ms:				NRIC/Passport No.	
Citizenship:	Sex: M / F	Race:	Religion:	Occupation:	
Age:	Date of Birth	Marital Status:	Home Address:		
Home Telephone:	Hand Phone:	Pager:	Office Telephone	e-mail Address:	
Qualifications:			Language(s) Spoken: _____ Written: _____		
Source of Referral:					
<input type="checkbox"/> Self		<input type="checkbox"/> Internet/Media			
<input type="checkbox"/> Friend/Relative		<input type="checkbox"/> Agency			
<input type="checkbox"/> Church		<input type="checkbox"/> Staff/Volunteer			
<input type="checkbox"/> Others: (Please specify) _____					
Have you ever volunteered before? Yes / No					
If yes, please provide some details: (Use additional paper if necessary)					
Your choice(s) of volunteer work (Please Tick)					
<input type="checkbox"/> Tuition Primary 1 / 2 / 3 / 4 / 5 / 6 Subjects you can teach <input type="checkbox"/> English <input type="checkbox"/> 2 nd Language <input type="checkbox"/> Maths <input type="checkbox"/> Others (Please specify) : _____			Other Areas of Volunteer Work: <input type="checkbox"/> Music/Drama : _____ <input type="checkbox"/> Cooking & Baking <input type="checkbox"/> IT (Software, hardware, website, etc.) <input type="checkbox"/> Art & Craft <input type="checkbox"/> Others (Please specify) : _____ Use additional paper if necessary		
DAYS AND TIME WHEN YOU ARE AVAILABLE: (Please tick)					
	Mon	Tues	Wed	Thurs	Fri
Morning					
Afternoon					
Evening					

I agree / do not agree to have my name sent for security screening.

Applicant's Signature : _____ Date : _____

For OFFICIAL Use:

Interviewed by :
Date of Orientation :
Date of Commencement :