



Handicaps Welfare Association

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Confidential

Please affix recent
photograph here

VOLUNTEER APPLICATION FORM

Part I: Personal Particulars

Full Name (as in NRIC):	Chinese Characters (if available):	NRIC/ FIN:	
Salutation*: Mr/ Mrs/ Miss/ Mdm/ Dr	Preferred to be Addressed:	Passport No.:	
Citizenship:	Marital Status*: Single/ Married/ Separated/ Divorced/ Widowed	Home:	
Home Address: S()	Email Address:	Office:	
		Mobile:	
	Emergency Contact Person:	Contact No.:	
Date of Birth (dd/mm/yyyy): / /	Gender*: Male / Female	Race:	Religion:

Part II: Employment and Education

Name of Current Employer/ School:		Address of School/ Employer:	
Date Joined:	Contact No.:		
Highest Qualification Attained:		Other Qualifications (pls indicate):	

Part III: Interests and Skills

Valid Driving License*: Yes/ No	Interests/ Hobbies:	Skills (pls indicate: music, craft, sports, etc...):	
License Class(es):			
Spoken Languages:	Written Languages:	Computer Literacy: <input type="checkbox"/> Microsoft Office <input type="checkbox"/> Others:	Other qualifications: - Life-Saving Yes/ No - First-Aid Yes/ No - Others:

Part IV: Volunteering Experience, Training and Awards

Do you volunteer with other organisations?* Yes/ No If <u>Yes</u>, please indicate Organisation(s) and role: 1. 2. 3.	Have you attended any courses as a volunteer?* Yes/ No If <u>Yes</u>, please state name of course(s): 1. 2. 3.
Please list any Awards received as a volunteer:	Please list skills you wish to learn as a volunteer:

* Please delete where not applicable

*Volunteer@HWA
A Passion to Serve*

Part V: Volunteer Interests (please tick where appropriate)

Enrichment Programmes:	Sports Programmes:	Fund Raising/ Awareness:
<input type="checkbox"/> Computer course	<input type="checkbox"/> Archery	<input type="checkbox"/> Pledge cards appeal
<input type="checkbox"/> Handicraft class	<input type="checkbox"/> Athletics	<input type="checkbox"/> Label Flag Day tins
<input type="checkbox"/> Language course	<input type="checkbox"/> Basketball (wheelchair)	<input type="checkbox"/> Mail Appeal Letters
<input type="checkbox"/> Musical instrument course	<input type="checkbox"/> Bowling	<input type="checkbox"/> Sell flags on Flag Day
<input type="checkbox"/> Painting/ Drawing class	<input type="checkbox"/> Boccia	<input type="checkbox"/> Wheel, Walk or Jog
<input type="checkbox"/> Singing/ Vocal course	<input type="checkbox"/> Indoor Games	<input type="checkbox"/> Data entry
<input type="checkbox"/> Wheelchair dancing	<input type="checkbox"/> Lawn Bowling	<input type="checkbox"/> Roadshow
<input type="checkbox"/> Make-up/ Hairstyling	<input type="checkbox"/> Sailing	<input type="checkbox"/> Pack goodie bags
<input type="checkbox"/> Others (pls indicate): _____	<input type="checkbox"/> Swimming	<input type="checkbox"/> Ad-hoc events
	<input type="checkbox"/> Tennis	
Social Services & Accessibility:	Social & Recreational Activities:	Others:
<input type="checkbox"/> Befriender	<input type="checkbox"/> Drive HWA vehicles	<input type="checkbox"/> Administrative support
<input type="checkbox"/> Food ration distribution	<input type="checkbox"/> Photography	<input type="checkbox"/> IT/ Technical support
<input type="checkbox"/> Hair-cut service	<input type="checkbox"/> Performance	<input type="checkbox"/> Maintenance of equipment
<input type="checkbox"/> Accessibility surveys	<input type="checkbox"/> Outing/ Activities	<input type="checkbox"/> Maintenance of premises

Part VI: Availability & Commitment

Please indicate your regular available day/ time to volunteer (please tick/ specify where appropriate)

Day Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am–6pm							
7pm–10pm							
Others (pls specify)							

Part VII: Health Condition

Have you been, or are you, suffering from any physical impairment or disease?*	Yes/ No
If <u>Yes</u>, please provide details:	_____

Part VIII: Other Information

How did you come to know about HWA?

Part IX: Declaration and Acknowledgement

I declare that the particulars in this form are true and accurate. I acknowledge that any suppression of information or false declaration may lead to termination of my service as a HWA Volunteer.	
_____	_____
Date	Signature

For Official Use Only
Date received:
Interviewed by:
Interview date:
Orientation date:
Remarks: