



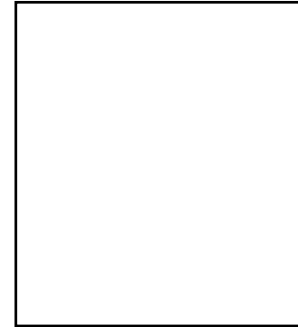
Registered Charity: 200416313W  
Member of NCSS  
IPC Approved

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**CEO**  
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Ms Susila Ganesan  
Ms Kaushikee Ghose

**VOLUNTEER APPLICATION FORM**



*Don't Find Fault, Find A Remedy*

**Full Name:** \_\_\_\_\_  
(Dr/Mr/Mrs/Mdm/Ms)

**NRIC/FIN:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Marital Status:** Single / Married / Divorced / Widowed

**Nationality:** \_\_\_\_\_ **Race:** \_\_\_\_\_ **Religion:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Home Telephone:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Highest Qualification:** \_\_\_\_\_

**What is your current employment situation?**

Working Full time / Part-time    Seeking employment    Retired    Student

**Job Title:** \_\_\_\_\_

**Languages spoken:** \_\_\_\_\_

**Dialects spoken:** \_\_\_\_\_

**Written:** \_\_\_\_\_

**Emergency contact name and telephone number:** \_\_\_\_\_

**Have you volunteered before?**    Yes    No

**Please tell us about your most recent experience**

**Organization:** \_\_\_\_\_

**Time period:** \_\_\_\_\_

**Brief description of duties:** \_\_\_\_\_

**A. Please tick the skills relevant to your role as a volunteer with NuLife.**

**Please proceed to B if you are a counsellor with a Bachelor/Master’s Degree in Counselling or studying/training to be a counsellor.**

- Accounts
- Handyman Services
- Transportation/Movers
- Photography/Videography
- IT skills
- Counselling
- Fund-raising
- Childcare Assistance/Babysitting
- Office/Administrative work
- Befriender/Outreach
- Pro-bono Legal Aid
- Audit
- Tutoring
- Fitness

**B. If you are a counsellor or training to be a counsellor please indicate**

**University:**

**Qualification:**

**Skills/Interests (Please tick those which are relevant)**

- Assistance with emotional support during prolonged medical treatment (chemotherapy, radiation)
- Career counselling/guidance; experience with ex-inmates
- Familiarity with legal processes/court mentions
- Lasting power of attorney
- Outreach (door-to-door visitations/follow-up)

**Why would you like to volunteer with NuLife?**

- To gain new skills/experiences
- To gain self-confidence
- To have an opportunity to give back

Others (Please specify):

**Which of our programmes would you be interested in?**

Please indicate your preference(s) and rank them from most preferred (4) to least preferred (1).

<b>Festivities@R&amp;R</b> Helping families cope with added expenses during the festive seasons with sorting minor home repairs and purchasing/delivering groceries.	
<b>Head to Heal</b> Learning to practice simple breathing and body awareness techniques.	
<b>Symposium</b> Helping us with our annual symposium on mental health and wellness (organisation and logistical support)	
<b>RobinHood</b> Helping us ensure that beneficiaries receive donations of pre-loved furniture and electrical appliances	
<b>Feeding Singapore</b> Assisting beneficiaries with supermarket vouchers, food rations & delivering cooked food	
<b>Back to School (BTS)</b> Assistance with purchasing school essentials for identified beneficiary children	
<b>Big Brother Big Sister (B3S)</b> Mentoring identified beneficiary children during recreational/educational excursions	

**Please indicate your availability (day and time most convenient):**

Weekday: \_\_\_\_\_

Weekend: \_\_\_\_\_

**Where did you hear about NuLife?**

- Broadcast / Print Media
- Social Media
- Friends / Family / Colleagues
- School / Tertiary Institutions
- Others (please specify):

**Would you like to be on our volunteer mailing list?**

- Yes
- No

- I fully understand and agree that all the personal information (including my NRIC details) which I have provided will strictly be used for the purpose stated below:  
Ensuring volunteer credibility given volunteers' engagement with NuLife clients and beneficiaries and all other administrative purposes pertaining to my volunteering with NuLife Care & Counselling.
- I hereby authorize NuLife Care & Counselling Services (UEN No.: 200416313W), hereafter referred to as "NuLife" to publish photographs and/or testimonials taken from/of myself and/or my child/children/family/ward for the use in NuLife's print, online and video-based marketing materials as well as other Company publications for any purpose.  
I further consent to the photographs being edited, reshaped or resized (including usage of Adobe Photoshop features or photo filters onto the photographs) so long as there is no gross misrepresentation of any facts or portrayals.  
I agree to indemnify NuLife Care & Counselling Services for any and all costs incurred should I revoke my consent after publication.

I understand fully that the approval of my application to volunteer is subject to the consideration of NuLife Care & Counselling Services.

\_\_\_\_\_  
Signature of Volunteer

\_\_\_\_\_  
Date