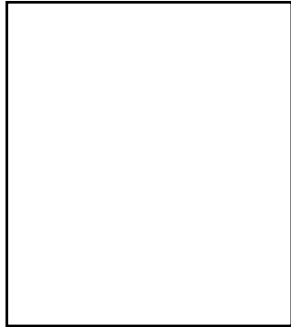




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 Tel: 6300 8706 / 6900 0437
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Registered Charity: 200416313W
 Member of NCSS
 IPC Approved

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.

- | | | | |
|--|---|---|-----------------------------------|
| <input type="checkbox"/> Accounts | <input type="checkbox"/> IT skills | <input type="checkbox"/> Office/Administrative work | <input type="checkbox"/> Audit |
| <input type="checkbox"/> Handyman Services | <input type="checkbox"/> Counselling | <input type="checkbox"/> Befriender/Outreach | <input type="checkbox"/> Tutoring |
| <input type="checkbox"/> Transportation/Movers | <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Pro-bono Legal Aid | <input type="checkbox"/> Fitness |
| <input type="checkbox"/> Photography/Videography | <input type="checkbox"/> Childcare Assistance/Babysitting | | |

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).

Festivities@R&R Helping families cope with added expenses during the festive seasons with sorting minor home repairs and purchasing/delivering groceries.	
Symposium Helping us with our annual symposium on mental health and wellness (organisation and logistical support)	
RobinHood Helping us ensure that beneficiaries receive donations of pre-loved furniture and electrical appliances	
Feeding Singapore Assisting beneficiaries with supermarket vouchers, food rations & delivering cooked food	

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 unto 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