



Tan Tock Seng HOSPITAL

Volunteer Management

Volunteer Application Form

Please attach your recent photo

Thank you for your interest to volunteer with Tan Tock Seng Hospital (TTSH).
All information provided in this form will be treated in strict confidence.

1. PERSONAL DATA

Title: Mr Mrs Mdm Miss

Full Name: _____

NRIC / FIN No: _____ Nationality: _____

Age: _____ Date of Birth: _____ Gender: _____

Race: _____ Religion: _____

Marital Status: _____ No. of Children: _____

Address: _____

Tel (H): _____ Tel (O): _____ Hdph: _____

Email: _____

VOCATION:

- Student - Name of institution: _____
- Working Adult - Occupation: _____ Name of Employer: _____
- Retiree - Previous Occupation: _____
- Others - Please list: _____

2. EMERGENCY CONTACT

Name of Contact: _____ Relationship: _____

Tel (H): _____ Tel (O): _____ Hdph: _____

3. LANGUAGE PROFICIENCY

Languages spoken:

English Mandarin Malay Tamil Dialects / Others. Please list: _____

4. HIGHEST EDUCATION LEVEL

Secondary College Polytechnic University Others _____

Name of institution of your highest education level: _____

5. EXPERIENCE IN VOLUNTARY WORK (If applicable)

Organisation	Period of Service	Type of Voluntary Work Performed	Name of Reference

6. SKILLS/ INTERESTS

You may tick more than one box, if it applies.

Basic First Aid Skills Certified by/ Year: _____

Basic Counselling Skills Certified by/ Year: _____

Areas of Interest:

- | | |
|--|---|
| <input type="checkbox"/> Befriending patients | <input type="checkbox"/> Watching over fall-risk patients |
| <input type="checkbox"/> Assist patients & visitors in finding their way around the hospital | <input type="checkbox"/> Provide counselling opportunities |
| <input type="checkbox"/> Engage patients in simple handicraft | <input type="checkbox"/> Administrative and reception support |
| <input type="checkbox"/> Entertain or play a musical instrument | <input type="checkbox"/> Others _____ |

7. COMMITMENT

Please indicate the slot/s are available:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							
<u>(Night Sitter's Programme)</u>	(Indicate preferred shift)						
Night Shift 9pm to 12am							
Morning Shift 4am to 7am							

8. Please tick your estimated duration of voluntary service:

6 months 1 year more than 1 year

9. Please describe why you are interested in volunteering with TTSH.

10. How did you come to know of the volunteer programmes at TTSH?

TTSH website Friends Ex-patient Others: _____

11. Are you in good health?

Yes No

12. REFERENCES (compulsory)

Please list 2 references.

Do not include i) relatives ii) those below 21 years of age

Name	Relationship	Tel (Mobile)	Tel (O)

13. BACKGROUND CHECKS

We consider the safety and security of our patients to be of utmost importance.

i. Have you ever been convicted in the court of law in any country?

Yes, please specify: _____ No

ii. Have you ever been treated for any psychiatric disorders?

Yes, please specify: _____ No

I confirm that the information provided on this application is true. I also agree to abide by all Hospital policies and procedures.

Applicant's Signature

Date

For official use			
Interviewed by		Interview date	
Remarks			
Reviewed by		Review date	
Accepted	<input type="checkbox"/> Yes <input type="checkbox"/> No	Remarks	

Please complete this application form together with your passport photo and mail the **ORIGINAL** to the following address:

**Development Fund &
Volunteer Management Office**

Tan Tock Seng Hospital
11 Jalan Tan Tock Seng
Singapore 308433

For general enquiries, email: Volunteer@ttsh.com.sg.