

For official use			
Interviewed by:		VIP date:	
Volunteer Role:		Data entered:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Vest Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pass Given:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Volunteer Application Form

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

Please provide
TWO recent
passport
photos

1. PERSONAL INFORMATION

Title: ☐ Mr ☐ Mrs ☐ Mdm ☐ Miss

Full Name: _____

NRIC / FIN No: _____ Nationality: _____

Age: _____ Date of Birth: _____ Gender: _____

Race: _____ Religion: _____

Marital Status: _____ No. of Children: _____

Address: _____

Postal Code: (_____)

Tel (H): _____ Tel (O): _____ Mobile: _____

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): _____ Mobile: _____

3. LANGUAGE PROFICIENCY (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 (where applicable)

☐ Basic First Aid Skills Certified by/ Year: _____

☐ Basic Counselling Skills Certified by/ Year: _____

☐ Clinical/ Healthcare related Skills Certified by/ Year: _____

☐ Other skills: _____ Certified by/ Year: _____

Areas of Interest:

☐ Befriending inpatients and/or outpatients in the community

☐ Assist patients & visitors in finding their way around the hospital

☐ Engage patients in simple handicraft

☐ Entertain or play a musical instrument

☐ Watching over fall-risk patients (Night Sitters Prog)

☐ Provide counselling/ clinical assistance

☐ Administrative and reception support

☐ Others _____

7. COMMITMENT

Please indicate your preferred day/ time slot/s:

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

*** Indicate your estimated duration of voluntary service:**

☐ 6 months *(minimum Commitment)

☐ 1 year

☐ More than 1 year

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

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

☐ TTSH website ☐ Friends ☐ Ex-patient ☐ Others: _____

10. BACKGROUND INFORMATION

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

☐ Yes (please elaborate): _____

☐ No

ii. Are you in good health?

☐ Yes ☐ No (please elaborate): _____

ii. Have you ever been treated for any psychiatric/ psychological problems?

☐ Yes (please elaborate): _____

☐ No

11. DECLARATION

I confirm that all the information provided in this application form is accurate and true. I also agree to abide by all policies and procedures administered by Tan Tock Seng Hospital, TTSH Sub-Acute Wards in Renci Hospital and the TTSH-Ang Mo Kio Rehabilitation Centre.

Applicant's Signature

Date

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.