

## VOLUNTEER APPLICATION FORM

### Photograph

Kindly indicate your Name and NRIC on the reverse side

**Thank you for your interest in joining SNEC as a volunteer.**

All information provided in this form will only be used for screening purposes under the SNEC Visioneer Programme. Please be assured that your personal details will be treated in the strictest confidence.

**Upon completion of this form, please send to :**

Email : [volunteer@snec.com.sg](mailto:volunteer@snec.com.sg) Mail : SNEC, 11 Third Hospital Avenue, S(168751) c/o Daren Teo/Lisa Ooi  
For enquiries, please contact : Daren Teo - 63229542 / Lisa Ooi - 63224541

**VOLUNTEER WORK APPLIED FOR (Where applicable):**

1. \_\_\_\_\_ 2. \_\_\_\_\_

### A. PERSONAL PARTICULARS

*\* Circle where applicable*

<b>Full Name (as in NRIC / Passport)</b> Dr / Mr / Mrs / Ms / Mdm *		<b>Last 3 digits + checksum of NRIC/Passport No</b> Pink / Blue *	
<b>Address</b>  Postal Code: _____		<b>Gender *</b> Male / Female	
<b>Contact</b> Home Tel No: _____ Mobile: _____ Email: _____		<b>Driving Licence *</b> Nil / Class 3 / 4 / 5 *	<b>Date of Birth</b> / /
<b>Next of Kin (In case of emergency)</b> Name _____ Relationship _____ Contact _____			
<b>Highest Education Qualifications *</b> PSLE / "O" Levels / "A" Levels / Diploma / Degree / Higher Degree / Others (Please Specify) _____		<b>Course of Study</b>	
<b>School / Employer</b>		<b>Occupation</b>	
<b>Language(s) Spoken (please include any dialects)</b>		<b>Language(s) Written</b>	
	Language	Fluency	
1.			1.
2.			2.
3.			3.
<b>How did you know about us?</b>			
<input type="checkbox"/> Media / SNEC Website / SNEC Facebook / Newspaper *			
<input type="checkbox"/> C3A / NCSS / NVPC *			
<input type="checkbox"/> Workplace / Schools *			
<input type="checkbox"/> Family / Friends / Colleagues / Relatives *			
<input type="checkbox"/> Event : _____			
<input type="checkbox"/> Others: _____			

\* Circle where applicable

<b>Area of interest</b> (Please tick all that applies) <ul style="list-style-type: none"> <li><input type="checkbox"/> <b>i-Concierge</b> (e.g. providing directions and assisting patients i.e. way finding and guiding patients on the use of service kiosks and applications and process flow)</li> <li><input type="checkbox"/> <b>i-Connect</b> (e.g. conducting surveys on patients experience, appointment making and making post-op calls to patients)</li> <li><input type="checkbox"/> <b>i-Consult</b> (e.g. assisting with VA/IOP, history taking, eyedrop instill, cataract / glaucoma pre-counselling)</li> <li><input type="checkbox"/> <b>i-Creative</b> (e.g. leveraging on professional skillsets of working / retired PMETs e.g. editorial, copywriting, creative design etc)</li> <li><input type="checkbox"/> <b>i-Community</b> (e.g. volunteer-led activities planned by SNEC, event organising, )</li> </ul>																																		
<b>Skills to contribute</b> (Please tick all that applies) <ul style="list-style-type: none"> <li><input type="checkbox"/> Administration &amp; Office Support</li> <li><input type="checkbox"/> Befriending</li> <li><input type="checkbox"/> Creative Arts (e.g. handicrafts, dance, music, singing etc)</li> <li><input type="checkbox"/> Customer Service / Patient Support</li> <li><input type="checkbox"/> Design / Copywriting *</li> <li><input type="checkbox"/> Event Organisation / Event Execution/ Emcee *</li> <li><input type="checkbox"/> Fundraising</li> <li><input type="checkbox"/> IT (app development, computer skills, etc)</li> <li><input type="checkbox"/> Marketing/ Social media/ Blogging</li> <li><input type="checkbox"/> Photography</li> <li><input type="checkbox"/> Sports &amp; Fitness (e.g. aerobics, games, pilates, yoga etc)</li> <li><input type="checkbox"/> Others: _____</li> </ul>	<b>Healthcare-related skills *</b> Medical / Nursing / First Aid / Allied Health / BCLS cert Others _____																																	
<b>Period of Involvement</b> (Please tick all that applies) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><b>Frequency</b></td> <td style="width: 50%; border: none;"><b>No. of Hours</b></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 1 – 3 months (regular)</td> <td style="border: none;"><input type="checkbox"/> 1 – 2 hours / week</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 3 – 6 months (regular)</td> <td style="border: none;"><input type="checkbox"/> 3 – 4 hours / week</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 6 – 12 months (regular)</td> <td style="border: none;"><input type="checkbox"/> Others: _____</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> 1 – 2 years (regular)</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Ad-hoc basis</td> <td style="border: none;"></td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Others: _____</td> <td style="border: none;"></td> </tr> </table>							<b>Frequency</b>	<b>No. of Hours</b>	<input type="checkbox"/> 1 – 3 months (regular)	<input type="checkbox"/> 1 – 2 hours / week	<input type="checkbox"/> 3 – 6 months (regular)	<input type="checkbox"/> 3 – 4 hours / week	<input type="checkbox"/> 6 – 12 months (regular)	<input type="checkbox"/> Others: _____	<input type="checkbox"/> 1 – 2 years (regular)		<input type="checkbox"/> Ad-hoc basis		<input type="checkbox"/> Others: _____															
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<b>Availability Period</b> (Please specify preferred timing in the boxes below. Your actual volunteer timing will be mutually agreed to at a later stage.) <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 10%;">Mon</th> <th style="width: 10%;">Tues</th> <th style="width: 10%;">Wed</th> <th style="width: 10%;">Thurs</th> <th style="width: 10%;">Fri</th> <th style="width: 10%;">Sat</th> </tr> </thead> <tbody> <tr> <td><b>Morning</b> (eg. 8am to 1pm etc)</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><b>Afternoon</b> (eg. 1pm to 6pm etc)</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> <tr> <td><b>Evening</b> (eg. 6pm to 10pm etc)</td> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </tbody> </table>								Mon	Tues	Wed	Thurs	Fri	Sat	<b>Morning</b> (eg. 8am to 1pm etc)							<b>Afternoon</b> (eg. 1pm to 6pm etc)							<b>Evening</b> (eg. 6pm to 10pm etc)						
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<b>Please share with us your skills, hobbies and interests</b> (Please also state proficiency level e.g. Beginner, Intermediate, Advanced, Able to teach / train others, Certified / Licensed and include documents as necessary) <hr/> <hr/> <hr/>																																		
<b>To help us make your volunteer experience more meaningful, please share your reason for volunteering with SNEC and any expectations/outcome you would like to achieve.</b> <hr/> <hr/>																																		
Are you applying to be a volunteer for the fulfillment of requirements for community involvement? e.g. awards, and/or course requirements?						Yes / No *																												
Would you require SNEC to acknowledge any certificate / letter for contributing your services to our programmes?						Yes / No *																												

## B. DECLARATION & AGREEMENT

*\* Circle where applicable*

- |       |  |            |
|-------|--|------------|
| 1.    | Has any bankruptcy action ever been taken against you?   | Yes / No * |
| <hr/> |  |            |
| 2.    | Have you suffered from/been medically diagnosed with any mental/physical condition(s) which could prevent you from competently and safely providing your service as a volunteer? | Yes / No * |
| <hr/> |  |            |
| 3.    | Have you been addicted to the use of alcohol or to habitual use of narcotics or other habit-forming drugs?   | Yes / No * |
| <hr/> |  |            |
| 4.    | Have you ever been charged or convicted in a court of Law or have any criminal charges / other pending and/or unresolved within and/or outside of the Republic of Singapore?     | Yes / No * |
- If "Yes" for any above, please give detail:*

5. I certify that all the information provided in this application form is accurate, complete and true to the best of my knowledge. I understand that if any false information or omissions are discovered, my volunteer status will be terminated

By providing the information set out in this form and submitting the same to you, I confirm that I have read, understood and consented to the SingHealth Data Protection Policy, a copy of which is available at: <https://www.singhealth.com.sg/about-singhealth/pdpa>. Hard copies are also available on request.

I consent to the Singapore National Eye Centre (SNEC) and its related corporations (collectively '**SingHealth**'), their agents and SingHealth's authorised service providers collecting, using, disclosing and/or processing my personal data for **SNEC Visioneer Programme**.

I confirm and agree that my consents granted herein do not supersede or replace any other consents which I may have previously provided to SingHealth in respect of my personal data, and are additional to any rights which SingHealth may have at law to collect, use or disclose my personal data.

I confirm and agree that SNEC reserves the right to reject my application / change the placement of my volunteering (in consultation with the volunteer) if:

- i. It is deemed that there is no fit;
- ii. The volunteer applicant is found to have provided false or misleading information and/or breached rules and regulations set forth by SNEC and/or;
- iii. Any grounds for termination are found as deemed fit by the Volunteer Coordinator and/or Project Head of the programme.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name : \_\_\_\_\_

### For volunteers below age of 21:

I, \_\_\_\_\_ (Full Name of \*Parent/Guardian), \_\_\_\_\_ (\*NRIC/FIN/Passport No.) permit my child/ ward, \_\_\_\_\_ (Volunteer's Name) to participate in the programme and its activities. I understand that by signing below, I am agreeable to all the terms and conditions stated in the Volunteer Application Form.

\_\_\_\_\_  
Signature of \*Parent/Guardian

\_\_\_\_\_  
Date

Guardian's Name : \_\_\_\_\_

Contact No : \_\_\_\_\_