



NEW HORIZON CENTRE (TOA PAYOH) Blk 157, Toa Payoh Lorong 1 #01-1195 Singapore 310157
 NEW HORIZON CENTRE (BUKIT BATOK) Blk 511, Bukit Batok Street 52, #01-211 Singapore 650511
 NEW HORIZON CENTRE (TAMPINES) Blk 362, Tampines Street 34, #01-377 Singapore 520362
 NEW HORIZON CENTRE (JURONG POINT) 1 Jurong West Central 2, #04-04 Jurong Point Shopping Centre, Singapore 648886
 CAREGIVER SUPPORT CENTRE (TIONG BAHRU) 298 Tiong Bahru Road #03-01 Central Plaza, Singapore 168730
 CAREGIVER SUPPORT CENTRE (BENDEMEER) 70 Bendemeer Road #03-02A Luzerne Building, Singapore 339940
 ADA RESOURCE & TRAINING CENTRE (BENDEMEER) 70 Bendemeer Road #06-02 Luzerne Building, Singapore 339940

VOLUNTEER REGISTRATION FORM

PERSONAL PARTICULARS

Full Name (please <u>underline</u> surname):		NRIC / Passport No:
Address:		Nationality:
		Date of Birth:
Contact Number(s):	Gender:	Marital Status:
	Race:	Language / Dialects spoken:
	Religion:	
Email:		Valid Driving License:
Educational Qualifications:	Occupation & Company Name:	For students, please state name of school:
How did you learn about Alzheimer's Disease Association (ADA)?		
Special skills (e.g. Handicrafts, cooking, singing, IT etc):		
Area(s) of Interest [Please tick <input checked="" type="checkbox"/> one or more of the boxes below]		
Daycare Centre Programme (Mon – Fri) (e.g. befriending, outings, handicrafts, cooking)	<input type="checkbox"/>	Extension Programme (Saturday) (e.g. befriending, outings, handicrafts, cooking)
Public Education / Fundraising events	<input type="checkbox"/>	Family of Wisdom
*Website Design / Graphic Design / IT	<input type="checkbox"/>	Admin Support (e.g office work, man helpline)
*Photography / Videography	<input type="checkbox"/>	Ad-hoc projects (e.g. outing, packing, etc)

AVAILABILITY (Please indicate your availability, e.g. 8am to 11am, 1pm to 4pm) in the appropriate boxes.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

I *agree/do not agree to be photographed for ADA's various publicity platforms including internal publications, social media, etc.

Signature:		Date:	
OFFICIAL USE:			
Date of commencement:	Volunteering Area:		
	Centre Assigned To (If applicable):		

*Delete wherever not applicable.

Please email completed form back to Gregory at gregory@alz.org.sg or call 63895103.