

VOLUNTEER REGISTRATION FORM

Personal Particulars	
Salutation: * Mr./Ms./Mrs./Mdm./Dr./Prof.	Gender:
Volunteer (Full Name as in NRIC/FIN):	Date of Birth (DD/MM/YYYY):
	Race: Nationality: Citizenship:
Mobile No.: Home Phone No.: Office Phone No.:	Valid Driving License No.:
Email:	How did you find out about ADA?
Address	
Blk / Hs No.: Street Name: Floor: Unit No.: Postal Code:	
Other Information	
Dietary Preference: * Halal/No Preference/No Beef/Vegetarian/Other _____	Volunteer History (Organisation): Start Date (MM/YYYY): End Date (MM/YYYY):
Employment Status: * Employed – Full time/Employed – Part time/Self-Employed Retired/Homemaker/Unemployed/Student Occupation:	
Language Spoken: * English/Mandarin/Malay/Tamil/Hokkien/Cantonese/Teochew Others _____	
Emergency Contact Details	
Emergency Contact:	Emergency Contact Relationship: * Spouse/Child/Family/Relative Others _____
Emergency Contact No.:	

Special Skills			
Arts and Crafts	<input type="checkbox"/>	Graphic Design	<input type="checkbox"/>
Musical Instruments	<input type="checkbox"/>	Translation	<input type="checkbox"/>
Singing	<input type="checkbox"/>	Photography	<input type="checkbox"/>
Other Skills _____			
Ad-hoc / Event-based (direct volunteering)			
Art Therapy	<input type="checkbox"/>	Outing Guardians	<input type="checkbox"/>
Ad-hoc / Event-based (indirect volunteering)			
Admin Support (Public Edu Talks)	<input type="checkbox"/>	Graphic Design Associate	<input type="checkbox"/>
Dementia-Friendly Community Volunteer	<input type="checkbox"/>	Translation Associate	<input type="checkbox"/>
Outreach Ambassador	<input type="checkbox"/>		
Weekdays (direct volunteering)			
Arts and Dementia	<input type="checkbox"/>	Family of Wisdom (Programme Support)	<input type="checkbox"/>
Daycare (Programme Support)	<input type="checkbox"/>	* Bendemeer/Tiong Bahru/Toa Payoh	
* Bukit Batok/Jurong Point/Tampines/Toa Payoh			
Weekdays (indirect volunteering)			
General Helpline	<input type="checkbox"/>		
Weekends (direct volunteering)			
Complimentary Eldersit	<input type="checkbox"/>	Saturday Extension	<input type="checkbox"/>
Weekends (indirect volunteering)			
Admin Support (Support Groups/Training)	<input type="checkbox"/>		
* Bendemeer/Jurong Point/Tiong Bahru/Toa Payoh			
Availability			
Mon	<input type="checkbox"/>	* AM/PM/Full Day/NA	
Tue	<input type="checkbox"/>	* AM/PM/Full Day/NA	
Wed	<input type="checkbox"/>	* AM/PM/Full Day/NA	
Thu	<input type="checkbox"/>	* AM/PM/Full Day/NA	
Fri	<input type="checkbox"/>	* AM/PM/Full Day/NA	
Sat	<input type="checkbox"/>	* AM/PM/Full Day/NA	
Sun	<input type="checkbox"/>	* AM/PM/Full Day/NA	

Please refer to <http://alz.org.sg/volunteer/> for details about the current volunteering opportunities

Consent

By signing below I indicate that I consent to Alzheimer's Disease Association ('ADA') collecting and using the personal data in this Volunteer Registration Form and using it for the purposes of:

- making a decision on whether or not to accept my application for registration as a volunteer to ADA, and
- if my application is accepted, for allocating and scheduling me in volunteer activities and volunteer orientation training activities

Please choose one or more of the consent options below if my application is accepted:

All modes (Calls, SMS, Email, Post)

add my name and contact details to ADA's mailing list database and use my personal data to send me information, via phone calls, sms, emails and other communications platforms, about ADA's upcoming events and programmes, and/or

Except calls (SMS, Email, Post only)

add my name and contact details to ADA's mailing list database and use my personal data to send me information, via any mode of communications except phone calls, about ADA's upcoming events and programmes, and/or

collect, use and disclose my personal data in photographs, videos and other similar media for the purpose of various ADA public education platforms, as well as internal publications and social media

Signature**Date (DD/MM/YYYY):****For Official Use Only**

Approved / Rejected (Indicate Reason)

Deployed to:

Please email the completed form to volunteer@alz.org.sg or call 6389 5112 if you have any queries