



## Volunteer Registration Form

- Rehabilitation Centre
- Respite Centre
- Training / Transport
- Corp/Admin
- ABLE SEAS

### PERSONAL INFORMATION

Name as in NRIC: \_\_\_\_\_ Nationality: \_\_\_\_\_

NRIC/Passport No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (dd/mm/yyyy)

Gender\*:  Male  Female Race: \_\_\_\_\_ Religion: \_\_\_\_\_

### CONTACT DETAILS

Address: \_\_\_\_\_

\_\_\_\_\_ (Postal Code) \_\_\_\_\_

Telephone No: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email: \_\_\_\_\_

### QUALIFICATIONS

Occupation: \_\_\_\_\_ School/Company: \_\_\_\_\_

Languages Spoken\*:  English  Mandarin  Malay  Tamil

Others (Including dialects): \_\_\_\_\_

Language (Written) \_\_\_\_\_

### AVAILABILITY

Please indicate your availability for volunteering: (**at least 1-2 hours, weekly/fortnightly**)

|           | MON | TUE | WED | THU | FRI | SAT |
|-----------|-----|-----|-----|-----|-----|-----|
| Morning   |     |     |     |     |     |     |
| Afternoon |     |     |     |     |     |     |

### HOW YOU CAN HELP

Skills \_\_\_\_\_

Areas of interest \_\_\_\_\_

**DISCLAIMER:**

**By submitting this application and by participating as a volunteer, I, the undersigned, affirm that I have read, understood and agreed with the following:**

My involvement in **Abilities Beyond Limitations and Expectations (ABLE)** is solely on a voluntary basis and shall not involve any form of remunerations, both in monetary terms (e.g. allowance and reimbursement of expenses) as well as in kind (e.g. loan of organizational assets), in return for service(s) rendered, unless otherwise stated;

I will abide by the policies and procedures set forth by ABLE, which guides the work of the staff and volunteers in their work with the clients, family caregivers and care recipients (collectively known as "Clients");

My primary purpose of volunteering at ABLE is to serve the needs of clients and their family members;

I am agreeable that ABLE may take, record and use my photo, name, image, voice, interview for its publications, including but not limited to, Annual Reports, Website and other publicity/publication materials to help ABLE in its mission work, and

I will not hold ABLE responsible for any loss or damage to my belongings or person, whilst undertaking my volunteer responsibilities at ABLE.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_