



Volunteer Registration Form

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

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

	MON	TUE	WED	THU	FRI	SAT
Morning						
Afternoon						

Please provide specific details, if necessary:

HOW YOU CAN HELP

The Abilities Beyond Limitations and Expectations (ABLE Ltd) needs volunteers / donors to support and assist in its various programmes and activities for People with Disabilities (PWDs), post stroke patients and their family caregivers.

We need your help to enable the Physically Challenged Persons and their family caregivers to lead a more meaningful and independent life. To also enable caregivers to obtain short-term respite and rest while their care recipients are being engaged in the centre's programmes and activities.

Please indicate your area(s) of Interest:

(e.g., Talks/Training, Befriending, Handicrafts, Wellness, etc.)

Other skill(s) that you are able to contribute?

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 LTD)** 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 understand that ABLE does not carry or maintain comprehensive health, medical, or disability insurance coverage for any Volunteer;

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 beneficiaries;

My primary purpose of volunteering at ABLE is to serve the needs of beneficiaries 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 among the community, and

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

Signature of Applicant: _____ **Date:** _____