



SINGAPORE RED CROSS SOCIETY

INCORPORATED BY ACT OF PARLIAMENT SINGAPORE RED CROSS SOCIETY (INCORPORATION) ACT (CHAPTER 304)

RATHON • HIS EXCELLENCY THE PRESIDENT OF SINGAPORE

Thank you for showing an interest in Singapore Red Cross Society.

Volunteers are the backbone of the Singapore Red Cross Society. The dedication and continuous support of volunteers allow the Society to provide its services effectively and efficiently.

Our Vision

To realise Singapore Red Cross as a leading and distinctive humanitarian organisation that brings people and institutions together in aid of the vulnerable.

Our Mission

We are dedicated to protecting human life and dignity, relieving human suffering and responding to emergencies.

Our Services

- Red Cross Home for the Disabled
- Red Cross Non-Emergency Ambulance Service
- First Aid Coverage
- Red Cross Training Centre
- Blood Donor Recruitment Programme
- Disaster Management
- International Services

We seek to work in partnership with those who share our Vision and Mission

We are sure that you will find your time with Singapore Red Cross satisfying and rewarding.

Please complete and send this form to:

**The Volunteer Development Division
(Volunteer Application)
Red Cross House,
15 Penang Lane,
Singapore 238486**

VOLUNTEER APPLICATION FORM

Thank you for your interest to volunteer with the Singapore Red Cross Society.

Please fill in the following details. All fields on this page are compulsory.



MY PERSONAL DETAILS			
Salutation: <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mdm		IMPORTANT Please attach a recent passport-sized photograph of yourself here	
Surname (as in NRIC):			
Given Name:			
NRIC / FIN / Passport Number:	Date of Birth: (DD/MM/YYYY)		
Residential Address:			
			Postal Code ()
Mailing Address (if different from above):			
Contact (mobile): <input type="checkbox"/>	Contact (residential): <input type="checkbox"/>		Please indicate your preferred mode of contact by checking the boxes
Email: <input type="checkbox"/>			
Nationality:	Race:	Religion:	Gender (M/F):
Blood Group:	Language(s) Spoken: <input type="checkbox"/> ENGLISH <input type="checkbox"/> MANDARIN Others, please specify:	Highest Education Level: <input type="checkbox"/> PSLE <input type="checkbox"/> GCE 'N' / GCE 'O' Level <input type="checkbox"/> GCE 'A' Level <input type="checkbox"/> ITE <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Masters <input type="checkbox"/> PhD <input type="checkbox"/> Others, please specify _____	
Do you have a Driving License? <input type="checkbox"/> No <input type="checkbox"/> Yes Class: _____ Since: _____ (YYYY)	1) 2) 3)		

We will appreciate if you can fill in these details as well:

JOB DETAILS	
Job Title (Designation):	Occupation (Nature of job):
Employer:	
Office Address:	
Postal Code (_____)	
Office Telephone:	Office Fax:

IN CASE OF EMERGENCY (in case of emergency, please contact)		
Name of emergency contact:	Relation:	Contact Number:

MY SKILLS	
I would like to share my skills and expertise in the following areas:	Please Specify
Computer (e.g. IT / PC Repair/ MS Word / MS Excel / MS Access / MS PowerPoint)	1. _____ 2. _____
Medical (e.g. First Aid, CPR, AED, Nursing)	1. _____ 2. _____
Finance (e.g. Accounting / Auditing)	1. _____ 2. _____
Others	1. _____ 2. _____

First Aid Related Certificates

(Do fill in the details below if you already have these first aid related certificates. Please enclose a copy of the certificates for our reference)

First Aid Related Certificates			
SFA	Name of Awarding Institution / Country	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)
BCLS	Name of Awarding Institution / Country	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)
AED	Name of Awarding Institution / Country	Date of Issue (DD/MM/YYYY)	Date of Expiry (DD/MM/YYYY)

MY AVAILABILITY (please tick)

This section is optional. The information given by you will be regarded as purely indicative and is mainly for planning purposes. An indication below on your availability will not be taken to mean that you are obliged to participate in any event. Your participation will always be voluntary and dependent on your availability for that particular event period.

I can commit myself	<input type="checkbox"/> Once a week	<input type="checkbox"/> Twice a week	<input type="checkbox"/> Thrice a week	<input type="checkbox"/> Four times a week
	<input type="checkbox"/> Weekdays only	<input type="checkbox"/> Weekends only	<input type="checkbox"/> On an ad-hoc basis	
Best available timing(s)	Mondays	Tuesdays	Wednesdays	Thursdays
	<input type="checkbox"/> 9.30am to 1pm	<input type="checkbox"/> 9.30am to 1pm	<input type="checkbox"/> 9.30am to 1pm	<input type="checkbox"/> 9.30am to 1pm
	<input type="checkbox"/> 2pm to 6pm	<input type="checkbox"/> 2pm to 6pm	<input type="checkbox"/> 2pm to 6pm	<input type="checkbox"/> 2pm to 6pm
	<input type="checkbox"/> 7pm to 9pm	<input type="checkbox"/> 7pm to 9pm	<input type="checkbox"/> 7pm to 9pm	<input type="checkbox"/> 7pm to 9pm
	Fridays	Saturdays	Sundays	Ad-hoc
	<input type="checkbox"/> 9.30am to 1pm	<input type="checkbox"/> 9.30am to 1pm	<input type="checkbox"/> 9.30am to 1pm	<input type="checkbox"/> 9.30am to 1pm
	<input type="checkbox"/> 2pm to 6pm	<input type="checkbox"/> 2pm to 6pm	<input type="checkbox"/> 2pm to 6pm	<input type="checkbox"/> 2pm to 6pm
	<input type="checkbox"/> 7pm to 9pm	<input type="checkbox"/> 7pm to 9pm	<input type="checkbox"/> 7pm to 9pm	<input type="checkbox"/> 7pm to 9pm

VOLUNTEER INTERESTS	
DIVISIONS	VOLUNTEER OPPORTUNITIES
Blood Donor Recruitment Programme	<input type="checkbox"/> Youth Donor Club (Youth) <input type="checkbox"/> Blood Donor Services (Adult)
Corporate Communications	<input type="checkbox"/> Writer / Editor <input type="checkbox"/> Photographer / Videographer (<i>with own equipment ie. camera/ video camera/ tripod</i>) <input type="checkbox"/> Graphic Designer / Desktop Publisher (<i>software proficiency: _____</i>) <input type="checkbox"/> Video Editor (<i>software proficiency: _____</i>) <input type="checkbox"/> Illustrator / Cartoonist <input type="checkbox"/> Web Designer / Developer <input type="checkbox"/> iPhone/ Facebook App Developer <input type="checkbox"/> Master of Ceremony / Presenter-Advocate Please attach your portfolio or samples of your work
Fund Raising	<input type="checkbox"/> Third Party Fund Raiser <input type="checkbox"/> General Volunteer (Events) <input type="checkbox"/> Administrative Support
Services Ambulance Services Disaster Management Red Cross Home for the Disabled	<input type="checkbox"/> Ambulance Driver <input type="checkbox"/> Doctors <input type="checkbox"/> Nurses <input type="checkbox"/> Paramedic <input type="checkbox"/> Social Worker <input type="checkbox"/> First Aiders <input type="checkbox"/> Logisticians <input type="checkbox"/> Admin Officers <input type="checkbox"/> IT Support – (Virtual Office) <input type="checkbox"/> Friends-of-RCHD
Volunteer Development Division (VDD)	<input type="checkbox"/> Adult Volunteer Division Unit Member <input type="checkbox"/> Red Cross Youth Chapters General Volunteer (only for tertiary students) <input type="checkbox"/> VDD General Volunteer (Events) <input type="checkbox"/> VDD General Volunteer (Administrative) <input type="checkbox"/> Creative Talents (e.g. singers/ dancers/ balloon sculptors, voice talents) <input type="checkbox"/> Others (<i>Please specify your interests and we will seek your assistance in the area whenever we need assistance in this area</i>) <i>Interest(1): _____</i> <i>Interaset(2): : _____</i>

TYPE OF MEMBERSHIP

I would like to apply for the following type of membership (please choose one):

- | | |
|---------------------------------------------|----------------------------------------|
| <input type="checkbox"/> GENERAL MEMBER | No subscription is payable |
| <input type="checkbox"/> SUBSCRIBING MEMBER | Annual subscription of \$10 or more |
| <input type="checkbox"/> LIFE MEMBER | One time subscription of \$200 or more |

GENERAL MEMBER:

- Anyone above 16 years old
- Subjected to the respective by-laws of the Divisions
- General Members are not required to pay any subscription fee to the Society
- General Members are encouraged to participate in at least one Singapore Red Cross activity a year

SUBSCRIBING MEMBER:

- Subscribing Members are required to pay an annual subscription of minimum \$10 on 1st January each year
- Subscribing Members who are above 18 years old at the time of the Annual General Meeting shall be eligible to attend, speak, vote, nominate, second nominations and hold elective office at the General Meeting

LIFE MEMBER:

- Life Members are required to pay a one-time subscription of minimum \$200.
- Life Members who are above 18 years old at the time of the Annual General Meeting shall be eligible to attend, speak, vote, nominate, second nominations and hold elective office at the General Meeting

DECLARATION

I hereby declare that all the information given above is correct to the best of my knowledge and agree to abide by the Constitution, and the rules and regulations of the Singapore Red Cross Society.

Signature

Date

For Internal Usage

1) VDD Recruitment Officer to fill in this portion:

Volunteer Orientation Session			
Attendance (Y/N)		Date of VOS Attended (DD/MMM/YYYY)	
Remarks (if any)			

2) VDD Recruitment Officer please tick the department(s) and appointments(s) that the volunteer is assigned to:

DIVISIONS & APPOINTMENTS	
DIVISIONS	APPOINTMENTS
<input type="checkbox"/> Blood Donor Recruitment Programme	<input type="checkbox"/> Youth Donor Club <input type="checkbox"/> Blood Donor Services
<input type="checkbox"/> Corporate Communications	<input type="checkbox"/> Writer / Editor <input type="checkbox"/> Photographer / Videographer (<i>with own equipment ie. camera/ video camera/ tripod</i>) <input type="checkbox"/> Graphic Designer / Desktop Publisher (<i>software proficiency: _____</i>) <input type="checkbox"/> Video Editor (<i>software proficiency: _____</i>) <input type="checkbox"/> Illustrator / Cartoonist <input type="checkbox"/> Web Designer / Developer <input type="checkbox"/> iPhone/ Facebook App Developer <input type="checkbox"/> Master of Ceremony / Presenter-Advocate
<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Third Party Fund Raiser <input type="checkbox"/> General Volunteer (Events) <input type="checkbox"/> Administrative Support
Services <input type="checkbox"/> Ambulance Services <input type="checkbox"/> Disaster Management	<input type="checkbox"/> Ambulance Driver <input type="checkbox"/> Doctors <input type="checkbox"/> Nurses <input type="checkbox"/> Paramedic <input type="checkbox"/> Social Worker <input type="checkbox"/> First Aiders <input type="checkbox"/> Logisticians <input type="checkbox"/> Admin Officers <input type="checkbox"/> IT Support – (Virtual Office)
<input type="checkbox"/> Red Cross Home for the Disabled	<input type="checkbox"/> Friends-of-RCHD
<input type="checkbox"/> Volunteer Development Division	<input type="checkbox"/> Adult Volunteer Division Unit Member <input type="checkbox"/> Red Cross Youth Chapters General Volunteer (only for tertiary students) <input type="checkbox"/> VDD General Volunteer (Events) <input type="checkbox"/> VDD General Volunteer (Administrative) <input type="checkbox"/> Creative Talents (e.g. singers/ dancers/ balloon sculptors, voice talents)