



# SUNLOVE ABODE FOR INTELLECTUALLY-INFIRMED LTD

(Registered under the Charities Act. Reg. No. 0980)

70 Buangkok View, Buangkok Green Medical Park, Singapore 534190

Main Line: 6387 3593 Fax: 6386 3716

## VOLUNTEER APPLICATION FORM

*Please tick where appropriate:*

- General Interaction
- Food Sponsorship
- Outing
- Student Attachment
- Filming
- Others: \_\_\_\_\_

### Application to Sunlove

Name of Organisation/Volunteer Group/Individual: \_\_\_\_\_

Organisation/Volunteer Group background: \_\_\_\_\_

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

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Event Date & Time: \_\_\_\_\_ Duration: \_\_\_\_\_

Contact Person/Person in-charge: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Which Centre?

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Sunlove HQ       | <input type="checkbox"/> AMK SCC       | <input type="checkbox"/> Golden Safron | <input type="checkbox"/> Hougang SAC            |
| <input type="checkbox"/> Surya            | <input type="checkbox"/> Chai Chee SAC | <input type="checkbox"/> Whampoa SAC   | <input type="checkbox"/> Bukit Merah Student CC |
| <input type="checkbox"/> Sunlove Dementia | <input type="checkbox"/> Marsiling SAC | <input type="checkbox"/> Depot SAC     |   |

1) How Many volunteers are involved? \_\_\_\_\_

2) You are catering for how many residents? \_\_\_\_\_

3) You are catering for how many families? \_\_\_\_\_

4) Distribution is door-to-door       Distribution is at our centre

5) You want us to distribute       You will distribute

6) Transport provided? Yes / No      6a) Transport marshal? Yes / No

What do you want to do?

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It is best that the confidentiality and dignity of the Public Assistance recipients be respected.

It is best to avoid unhappiness or unfairness that we give only to Public Assistance recipients and not to the other needy residents. It is best to distribute house to house. We have \_\_\_\_\_ recipients in rental flats.

***"Love All, Serve All"***

SLOPFR023-JUL2018

How can Sunlove help?

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I \_\_\_\_\_, as a volunteer of Sunlove Abode for I/I Ltd, agree to treat all personal information of clients as confidential (including pictures and videos of clients or events, etc.) and will not collect, use or disclose such information without the permission of the organisation. I fully understand and agree that the personal information which I have provided to the organisation about myself may be disclosed to other agencies or be used for the purpose(s) stated.

(a) Purpose 1 (\_\_\_\_\_)

(b) Purpose 2 (\_\_\_\_\_)

Applicant Name: \_\_\_\_\_ NRIC No.: \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

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***“Love All, Serve All”***

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