



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: _____

Age Group: ☐ >18 Below ☐ 18-30 ☐ 31-45 ☐ 46-60 ☐ >60

Organisation/Volunteer Group background: _____

Mailing Address: _____

Tel: _____ Fax: _____ Email: _____

Event Date & Time: _____ Duration: _____

Contact Person/Person in charge: _____ Contact No.: _____

Which Centre?

☐ Sunlove Home

☐ AMK AAC(Care)

☐ Golden Saffron AAC

☐ Haig Road MWC

☐ Surya Home

☐ Chai Chee AAC

☐ Whampoa Dew AAC

☐ Bukit Merah Student CC

☐ Sunlove SCC

☐ Marsiling AAC

☐ Depot Heights AAC

☐ Eunos DAC

☐ Serangoon AAC

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

7) You are fully vaccinated? Yes / No

8) Background check & recommended by staff name: _____

9) Accompanied by staff name: _____

What do you want to do?

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"

How can Sunlove help?

INDEMNITY & CONSENT

I hereby indemnify Sunlove Abode for Intellectually Infirm Ltd against any claims in the event of a mishap, accident, death, etc. (e.g. Loss of way or missed transport) that may occur while in activities, outings, or events by the Centre/Home.

By Signing this form, I consent to my personal data being collected, disclosed to, and used by Sunlove and its relevant partners, for purposes that shall include but not be limited to the following: keeping me informed of relevant information when requiring to share my data to other third party. I consent to having my photographs and/or videos taken by the Centre/Home.

I 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 understand that I have registered with the Centre/Home and agree with the guidelines explained to me.

Applicant Name: _____ NRIC No.: _____

Signature : _____ Date : _____

☐ Approved ☐ Not Approved

Board Member or CPO

Date

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