

## Partnership Form

Thank you for your interest in working with us. Please provide us the following details and send the completed form by email to [gabby@brahmcentre.com](mailto:gabby@brahmcentre.com)

I am from...

Your organisation name

Have you worked with us before?

YES  NO

Your details

Title

First name

Last name

Phone

Designation

Email

### Your Organisation Details

Type – SSA / School / Religious organisation / Community group / other

UEN No.

Address

### Present Service Categories

Post Code

Children  Youth  Seniors  Families  Persons with Disabilities  Healthcare related

Others – please specify

### How do you currently recruit volunteers?

Zeles Network Ltd  Social Media  SGCares App  Giving.SG  Media Advertising

Recruitment Drives  Community Outreach  Your website  Other Volunteer Centres

Others – please specify

### Your Requirements – I would like to:

Request for volunteers  Work with other SSAs

Offer volunteers  Develop new programmes

Other – please specify

Please provide details so we may help you better. Thank you!

## PROGRAMME DETAILS – *I would like volunteers / assistance with these programmes:*

Programme Name

Location / address of activities

This program is for

- Children  
  Youth  
  Families  
  Seniors  
 Healthcare related  
  Persons with Disabilities  
 Others – *please specify below*

Description of activities

Activity Start Date

How often are the activities

Volunteer Commitment (Months)

## Volunteer Roles

Role Name e.g., Academic Tutor	Scope of Duties e.g., Academic Tutor	Volunteer Requirements e.g., Academic Tutor	Number of Volunteers

## DECLARATION AND CONSENT

The information I have provided in this form is correct and can be used to fulfill the request made.

Name and Designation

Authorised Signature

Thank you for completing this form.