



# Cares Volunteer Centre



*Happier & Healthier Living*

*Brahm Centre was appointed as the SGCares Volunteer Centre for Tampines and Simei by the Ministry of Culture, Community and Youth (MCCY) in 2020.*

## Volunteer Application Form

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

Personal Details			
<b>Salutation</b> <i>(Mr / Ms / Mrs / Mdm / Dr)</i>		<b>Preferred Name</b>	
<b>Full Name as in NRIC</b>			
<b>Home Address</b>	Postcode (      )		
<b>Email</b>			
<b>Mobile Number</b>		<b>Gender</b> <i>Male / Female</i>	
<b>Nationality</b>		<b>Date of Birth</b>	
<b>Race</b>	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others:		
<b>Marital Status</b>	Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Others:	<b>Occupation</b>	
<b>Highest education level</b>			
<b>Language Spoken</b> <i>(please tick all that applies)</i>	<input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Hokkien <input type="checkbox"/> Teochew <input type="checkbox"/> Cantonese <input type="checkbox"/> Hainanese <input type="checkbox"/> Others:		
<b>How did you know about us?</b>	<input type="checkbox"/> SG Cares Website <input type="checkbox"/> Mindfulness Conference <input type="checkbox"/> Word of Mouth <input type="checkbox"/> Others:		



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<b>Interested Areas of Volunteering</b>	
<b>Preferred area to volunteer at:</b> (Please tick all that applies)	<input type="checkbox"/> Tampines <input type="checkbox"/> Changi - Simei <input type="checkbox"/> MacPherson
<b>Would you be open to be linked up as a volunteer with other Social Service Agencies in Tampines and Changi-Simei?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Frequency of volunteering</b> (Please tick):	<input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Ad-hoc
<b>Preference of timing</b> (Please tick):	Weekdays: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon Weekends: <input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
<b>Type of volunteering preferred</b> (please tick all that applies):	
<input type="checkbox"/> Befriending Seniors (Visiting seniors at their home) <input type="checkbox"/> Leading Exercise Programmes for Seniors <input type="checkbox"/> Excursions for Seniors <input type="checkbox"/> Youth Programmes (Mentoring & befriending teens from less-privileged families) <input type="checkbox"/> Outreach Projects <input type="checkbox"/> Admin/Customer Service <input type="checkbox"/> Art & Crafts (eg crochet, origami, painting, drawing etc) <input type="checkbox"/> Adhoc Projects (eg dementia screening, open house etc) <input type="checkbox"/> Others: _____	



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Personal Data Protection Act ("PDPA")			
<p>The PDPA governs the collection, use, disclosure, and care of individual's personal data. In relation to the PDPA, we would like to seek your consent for the following (please tick):</p> <p><input type="checkbox"/> I hereby give my consent for mentions and publicity for events and activities, including photographs/ videos and social media, by Brahm Centre.</p> <p><input type="checkbox"/> I hereby give my consent for any data being collected, stored, retained, retrieved, used, transmitted, and processed by Brahm Centre in accordance with the Data Protection Privacy, including the disclosure of any personal data to the authorities, upon request, or as may be required by applicable law or regulation.</p> <p><input type="checkbox"/> I hereby agree not to disclose any data that I might receive in my course of volunteering with Brahm Centre to any third party, except to the authorities upon request, or as may be required by applicable law or regulation.</p>			
<b>Applicant's name</b>		<b>Application date</b>	
<b>Applicant's signature</b>			
For Office Use: (Please return this form to Volunteer Manager)			
<b>Received By</b>		<b>Keyed into SF by</b>	
<b>Date</b>		<b>Date</b>	
<b>Remarks</b>			