



# STUDENT VOLUNTEER APPLICATION FORM

1. Let Us Know About You		
Name as in NRIC (In BLOCK and <u>underline surname</u> )		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (dd/mm/yyyy)	NRIC No.
Race	Religion	Mobile Phone No.
Home Address	E-mail Address	
Postal Code	Class	
School		
In case of emergency, please contact		
Name: _____ Relationship: _____ Contact No.: _____		

2. Let Us Know Your Commitment						
<b>Your Preferred Schedule</b>						
<b>Time / Day</b>	<b>Monday</b>	<b>Tuesday</b>	<b>Wednesday</b>	<b>Thursday</b>	<b>Friday</b>	
Morning						
Afternoon						
Frequency of involvement <input type="checkbox"/> once weekly <input type="checkbox"/> twice weekly <input type="checkbox"/> >twice weekly						
<input type="checkbox"/> We require a minimum commitment of 3 months. If upon approval you are unable to fulfill this commitment, a re-submission of the application will be necessary. Please tick the box to indicate your understanding.						
Special considerations regarding my availability, length of commitment, etc...: _____						
<b>Your Objectives</b>						
<input type="checkbox"/> Class requirement			Name of class: _____			
Name of teacher-in-charge: _____			Contact: _____			
*Please attach class requirements.						
<input type="checkbox"/> CIP hours			Number of hours: _____ Official letter required: Yes/No (date required: _____)			
<input type="checkbox"/> Others: _____						

### 3. Help Us Know About Your Interest

Your CCA(s):

---

Your special skills & talents:

---

Your leisure activities (e.g. clubs, sports, hobbies, special interests)

---

### 4. Declaration

1.	Do you have any health conditions or restrictions that might affect your volunteer work? If yes, please specify: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	Have you ever been charged or convicted in a court of law in any country? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	Have you ever been involved in a juvenile court case as an adult or a child? If yes, please explain: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.	Are you related to any pupil / employee of Grace Orchard School? If yes, name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

### 5. Terms of Agreement

1. I will not conduct/solicit any communications with a profit in view with Grace Orchard School employees/students within or outside its premises.
2. I will not hold the school, its agents, employees or students liable for any personal injury or loss of personal belongings during the course of my volunteer involvement. I further understand that I am not covered by the School's insurance scheme in the event of any personal injury or loss of personal belongings.
3. I will bear the cost of my transport, meals and entrance fees (where applicable) incurred during the course of my volunteer involvement and understand that I am not entitled to any reimbursement.
4. I choose to participate in Grace Orchard School's program as a volunteer and understand that my services are donated to the School without compensation, allowance or future employment, and given for humanitarian or charitable reasons.
5. I understand that my volunteer assignment with Grace Orchard School may be terminated at any time.
6. I have read the "Guidelines for Volunteers" and will abide by it.
7. The abovementioned information given by me in this form is correct and true to the best of my knowledge.
8. I truly understand and accept that if any time after engagement it is found that a false declaration has been made in this form, the school has the right to terminate my volunteer involvement forthwith.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### FOR OFFICIAL USE

Application Referred & Received:  
(Date/Name of Officer)

Management Decision:

Accept     Reject     Under Review