



# Volunteer Registration Form

## Section I: Personal Information

Full Name: \_\_\_\_\_ Gender (Please circle): M / F

NRIC/ FIN No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Tel No: \_\_\_\_\_ Email: \_\_\_\_\_

School (if student): \_\_\_\_\_ Profession: \_\_\_\_\_

Highest qualification: \_\_\_\_\_

Medical history / allergies, if any: \_\_\_\_\_

Emergency Contact Person / Relationship: \_\_\_\_\_

Emergency Contact Person Tel No: \_\_\_\_\_

## Section II: Areas of interest

Please indicate accordingly. You may select more than one.

Administration

Art & Craft

Dance & Music

Education

Event Support

Financial Literacy

Fundraising

Outings

Sports & Recreation

Others, please state: \_\_\_\_\_

I consent to my personal particulars being kept by STSPMF for the purpose of forming a database of volunteers for SPMF activities, and I consent to the necessary volunteer screening that SPMF may need to conduct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Name: