



VOLUNTEER APPLICATION FORM: OUTREACH AMBASSADORS

| | | | | | |
|--|---|---|---|-------|-------------------------|
| I) PERSONAL PARTICULARS (* delete where appropriate) | | | | | |
| Name (As in NRIC / Passport, please underline surname): | | | NRIC No. / FIN (Pink / Blue *): | | |
| Address: | | | Contact No : Home: Office: Mobile: Email Address: | | |
| Gender: Male / Female * | Date of Birth: (dd/mm/yyyy) | Age+: | Marital Status: Single / Married / Divorced / Separated / Widowed * | | |
| Nationality: | Race: Chinese, Malay, Indian, Eurasian, Others *, please specify: | Religion: Buddhism / Roman Catholicism / Christianity / Hinduism / Islam / Taoist / Sikhism / Others *, please specify: | | | |
| For Foreigners Residence Status: Permanent Residence / Employment Pass / Work Permit / Dependent Pass / Visit Pass / Others *, please specify: | | | | | |
| Occupation: | | | Company: | | |
| Highest Qualification: Primary / Secondary / College / Polytechnic / University / Post-Graduate * Major: | | | School: | | |
| Language Proficiency: (Please tick as appropriate) | English | Mandarin | Malay | Tamil | Others, please specify: |
| Spoken | | | | | |
| Written | | | | | |

+ Volunteers, under 18 years old, are required to fill up the parental/guardian consent form.

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|---|--------------------------------|---------------------------------|---------------------------------|------------------------------|-----------------------------|
| II) VOLUNTEER INFORMATION (Please tick where appropriate) | | | | | |
| How many times per month can you volunteer with SANA? | | | | | |
| <input type="checkbox"/> Once | <input type="checkbox"/> Twice | <input type="checkbox"/> Thrice | <input type="checkbox"/> Weekly | | |
| Other dates, do indicate: | | | | | |
| Are you a VOLUNTEER / COMMITTEE MEMBER in any other organization? | | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, please indicate name of the organization: | | | | | |

| Volunteer Service Experience | | |
|------------------------------|----------------------|--------------------|
| Type of Service | From (dd/mm/yyyy) | To (dd/mm/yyyy) |
| | | |
| | | |
| Training Courses Attended | Conducted by | (dd / mm /yyyy) |
| | | |

| III) IN CASE OF EMERGENCY | | |
|---------------------------|--------------|---|
| Contact Person | Relationship | Contact No Home: Office: Mobile: |
| | | |

| IV) OTHER INFORMATION (Please tick where appropriate) | | |
|---|------------------------------|-----------------------------|
| Are you currently facing any criminal proceeding or have any criminal / drug record in Singapore? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, please specify: | | |
| | | |
| Have you ever been convicted in a court of law in any other country? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| If yes, please specify: | | |
| | | |

| V) DECLARATION | |
|--|---------------|
| I declare that all information given herein is true and correct. I understand that a misrepresentation or omission of facts will be sufficient cause for cancellation of consideration for volunteering or termination from the Singapore Anti-Narcotics Association (SANA). I hereby authorize SANA to use my information for screening purposes. | |
| _____ Signature of Volunteer | _____ Date |