

	<h2 style="color: #800040;">Catholic AIDS Response Effort</h2> <p>Tel 63535440 Fax 62554885          Email: <a href="mailto:administrator@care.org.sg">administrator@care.org.sg</a>          (A Member of the Caritas Singapore)</p>
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**To: Catholic AIDS Response Effort**

I hereby apply to the Catholic AIDS Response Effort (CARE) to be a Volunteer to help in their work of giving support and care to People Living with HIV/AIDS (PLHWAs) and promoting public awareness of their needs. I understand that I can only be fully registered on completion of the appropriate induction and training, and until then I shall be a Probationary Volunteer with CARE.

### VOLUNTEER REGISTRATION FORM

<b>FULL NAME</b> (underline family name)			AFFIX RECENT PHOT
<b>NRIC / PASSPORT NO.</b>	<b>FIN NO.</b> (foreigner)	<b>DATE OF BIRTH</b> (DD/MM/YYYY)	
<b>RACE/ETHNIC GROUP</b>	<b>NATIONALITY</b>	<b>SEX</b> Male / Female	
<b>RELIGION</b>	<b>OCCUPATION</b>	<b>MARITAL STATUS</b>	
<b>Name of Parish</b>		<b>Church Ministries</b>	
<b>HOME ADDRESS</b>			<b>EMAIL ADDRESS</b>
<b>HOME PHONE NO.</b>	<b>MOBILE NO.</b>	<b>OFFICE NO.</b>	
<b>LINGUISTIC SKILLS</b> (indicate both spoken and written language abilities)			
Spoken: _____			
Written: _____			
<b>VOLUNTEER GROUP AFFILIATION</b> (if you are a member of a volunteer group, please state the name of the group and contact details eg name of Volunteer Manager; telephone number, email address)			
<p><b>In a separate sheet of paper, please tell us something about yourself.</b>          Include information relating to your past volunteering experience, what volunteering means to you and why you chose CARE to volunteer with. This will be helpful for us in considering your application to be a Volunteer.</p>			

<b>AVAILABILITY</b> (Please Tick)	<input type="checkbox"/> <b>Weekday</b> <input type="checkbox"/> <b>Morning</b> <input type="checkbox"/> <b>Afternoon</b> <input type="checkbox"/> <b>Evening</b>	<input type="checkbox"/> <b>Weekend</b> <input type="checkbox"/> <b>Morning</b> <input type="checkbox"/> <b>Afternoon</b> <input type="checkbox"/> <b>Evening</b>
<b>I AM INTERESTED IN THE FOLLOWING AREAS OF VOLUNTARY SERVICE</b> (please tick all that are appropriate)		
<input type="checkbox"/> Befriending and emotional support to residents		
<input type="checkbox"/> Cooking for residents		
<input type="checkbox"/> Educational programmes for residents		
<input type="checkbox"/> Organising and managing events		
<input type="checkbox"/> Fundraising Activities		
<input type="checkbox"/> Others (please specify) _____		
<input type="checkbox"/> Therapy and exercise programmes for residents		
<input type="checkbox"/> Haircut for residents		
<input type="checkbox"/> Skills development programmes for residents		
<input type="checkbox"/> Public education and outreach		
<input type="checkbox"/> Publicity & Publications		
<b>UNDERTAKING:</b>  By signing this form, I confirm that:		
1) I agree to abide by and observe the Volunteer rules and regulations as may from time to time be stipulated by CARE ("Volunteer Guidelines");		
2) I understand that CARE has full discretion to remove me as a volunteer should I infringe any of the Guidelines, or as and when they should deem it fit or appropriate;		
3) I am aware that CARE works with persons suffering from AIDS / HIV and that I am volunteering with full knowledge of the possible risks and circumstances. I agree and accept that neither the Shelter, CARE nor any of its representatives, board members, staff or volunteer shall incur any liability or be liable in any way whatsoever to me or to anyone claiming through me in connection with my volunteering with CARE, my visit to the Shelter or for any personal injury, damage or any other loss that I may sustain howsoever caused in connection thereto.		
4) I consent to:		
a) The collection, storage, retention, adaptation, modification, reading, retrieval, use, transmission, blocking, erasure or destruction ("Processing") of the personal data provided by me in this Form ("Personal Data");		
b) CARE processing my Personal Data for the purpose of my volunteering with the Charity or for the purpose of a contractual relationship with it.		
c) CARE transferring my Personal Data to other church entities within the Catholic Archdiocese of Singapore.		
Name: _____		
Signature: _____		Date: _____

**FOR OFFICIAL USE:**

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|--------------------------------|--------------------------|----------------------|--------------------------|
| Application Acknowledged       | <input type="checkbox"/> | Assessment Conducted | <input type="checkbox"/> |
| Applicant Informed of Decision | <input type="checkbox"/> | Attended Orientation | <input type="checkbox"/> |
| Duties Assigned                | <input type="checkbox"/> | Probation Completed  | <input type="checkbox"/> |