



AMBULANCE WISH (SINGAPORE) LTD – VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering at the Ambulance Wish Singapore. All information provided in this form will be treated in strict confidence. Please send completed form via email to weecarol@yahoo.com. Thank you for your interest and support. With your help, we can make a meaningful difference in creating positive end-of-life experience for terminally ill patients and their loved ones.

PERSONAL PARTICULARS			
Salutation	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Mdm <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/> Prof		
First Name			
Last Name			
NRIC Number (last 3 digit and Alphabet Letter e.g. SXXXX123D)		Nationality	
Date of Birth		Religion	
Mobile No.		Home Tel No.	
Email			
Address			
Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Eurasian <input type="checkbox"/> Others _____		
Language Spoken	<input type="checkbox"/> Chinese <input type="checkbox"/> English <input type="checkbox"/> Malay <input type="checkbox"/> Tamil		
Dialect Spoken	<input type="checkbox"/> Hokkien <input type="checkbox"/> Cantonese <input type="checkbox"/> Teochew <input type="checkbox"/> Hainanese <input type="checkbox"/> Others _____		
Vocation	<input type="checkbox"/> Student Name of institution: _____ Level: _____		
	<input type="checkbox"/> Working Adult Organisation: _____ Occupation: _____		
	<input type="checkbox"/> Retiree Previous occupation: _____		
	<input type="checkbox"/> Others (pls specify) _____		



PLS TICK THE AREAS YOU'RE KEEN TO CONTRIBUTE
<input type="checkbox"/> Clinical skills <i>(E.g. Management of symptoms and caring for terminally ill patients)</i>
<input type="checkbox"/> Events Management <i>(E.g. Planning, organisational and logistical skills, team management, onsite support)</i>
<input type="checkbox"/> Fundraising <i>(E.g. Soliciting for funds or in-kind donations for AWS fundraising events. Contacting and following up with potential sponsors. Selling AWS merchandise at events.)</i>
<input type="checkbox"/> Graphic/ Digital Designer
<input type="checkbox"/> Marketing Communications <i>(E.g. Editorial work for newsletter and events materials)</i>
<input type="checkbox"/> Office Administration <i>(E.g. Mass mailing, data entry, filing, making calls etc)</i>
<input type="checkbox"/> Photography and Videography
<input type="checkbox"/> Wish Granting <i>(E.g. Requires interview, training and orientation sessions. Planning and executing the wish of the patient. Close interaction with patients and their families.)</i>
<input type="checkbox"/> Others (please describe)
ANY INFORMATION/ EXPERIENCE RELEVANT TO THE POST
VOLUNTEER EXPERIENCE
<input type="checkbox"/> No <input type="checkbox"/> Yes Organisation: Period of Involvement: Description of Responsibilities:



Ambulance Wish Singapore

EMERGENCY CONTACT

Please provide details of someone who can be contacted in case of an emergency.

Name: _____ Contact No.: _____

Relationship: Spouse Parent Sibling Friend Others _____

HOW DID YOU HEAR ABOUT AMBULANCE WISH SINGAPORE

Media Friend Workplace Other

OTHER INFORMATION

1. Do you have any existing medical condition, physical impairment or substance dependence (i.e. dependence on alcohol, drugs etc, excluding prescription by a certified medical professional)	<input type="checkbox"/> Yes <input type="checkbox"/> No
--	---

2. Do you have existing criminal record(s) in Singapore or overseas	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	---

If you answered "Yes" to any of the questions, please provide details:

DECLARATION & AGREEMENT

I confirm that the information provided in this application form is true and complete. I also agree to abide by AWS policies and procedures.

Name & Signature

Date