

Befrienders Programme Application Form

PART I: PERSONAL PARTICULARS			
Full Name (as in NRIC, underline Surname)		Aliases (If Any)	
Address		Contact Particulars Mobile: Email:	
NRIC/ FIN No*.	Gender	Date of Birth	Nationality
Language Proficiency (Spoken & Written)			

** To register as a Befriender, your FULL IC number is required as part of the mandatory screening process.*

PART II: EMERGENCY CONTACT	
Name	Contact Particulars (e.g. Mobile number)
1.	
2. (Optional)	

PART V: VOLUNTARY HISTORY			
From	To	Name of organisation	Area of Involvement



PART VI: TYPE OF VOLUNTEER SERVICES YOU COULD PROVIDE

Available from (DD/MM/YY) _____ to _____ on the following day(s) and time:

DAY & TIME	MON	TUE	WED	THU	FRI	SAT	SUN
Morning (9am – 12pm)							
Afternoon (2pm – 5pm)							
Night (5pm – 7pm)							

Volunteer Session (2 to 4 hours per session, minimum commitment of 12 months):

Frequency:

☐ Weekly

☐ Bi-weekly

☐ Monthly

Commitment:

☐ 12 months

☐ More than 12 months

PART VII: INTERESTS/ HOBBIES/ SKILLS

DECLARATION

Do you presently suffer from any physical impairment, or medical condition, including mental illness, deafness, handicap, etc. that would adversely impact on your ability to do a volunteer role that is assigned to you?

☐ Yes ☐ No

**The above information is requested to assist the selection process and will be considered only when it is relevant to the volunteer role.*

PERSONAL DATA PROTECTION ACT

The Personal Data Protection Act (PDPA) governs the collection, use, disclosure and care of individual's personal data. In relation to the PDPA, we would like to seek your consent for the following:

(Please tick on the boxes to indicate your approval)

I hereby give my consent for:

- ☐ Mentions and publicity for events and activities, including photographs/videos and social media, by CAL
- ☐ Relevant information may be disclosed to the authorities, upon request, or as may be required by applicable law or regulation.

I would like to receive updates, news and other volunteer related matters from CAL through:

☐ Email ☐ Phone/Messages

How did you get to know about CAL?

- ☐ CAL Website ☐ CAL Facebook/ Instagram ☐ Internet/ Search Engine
- ☐ Family/ Friends/ Colleagues ☐ I stay nearby ☐ Others: _____



CONSENT

By signing below:

- I certify that all information given is accurate at the time of completion and understand that the approval of my application is subjected to the consideration of CAL;
- I consent to CAL collecting, using and disclosing the personal data about me in this Befriender Programme/ Volunteer Application Form for the purpose of the Ministry of Social and Family Development (MSF) security screening and for CAL determining my suitability overall for volunteering with CAL;
- If accepted, I consent to CAL using or disclosing the personal data in this Volunteer Application Form to the extent CAL may consider necessary or desirable for matching me with, assigning me to, and/or enabling me to carry out volunteering assignments (for example, by disclosing personal data about me to another voluntary welfare organisation) at the discretion of CAL.
- If accepted, I agree to abide at all times to the Code of Conduct (Annex A) and fulfil the responsibilities of a volunteer to the best of my ability.

Signature of Volunteer:

Date:

For Official Use only:

Name/ Designation of Interviewer: _____

Date of Interview: _____

Proceed for next round of Interview? : _____

Remarks:

Signature of Interviewer: _____ Date: _____

