

Prospective Volunteer Profile

Join us as a Friend of Yishun Health.

① NOTE:

All information given will be treated in strict confidence. Please submit completed form via

(a) Email: volunteers@yishunhospital.com.sg or

(b) Mail: Corporate Communications dept (Volunteers), Khoo Teck Puat Hospital, 90 Yishun Central, Singapore 768 828

Minimum age 17 to volunteer with us. Volunteers below 17 years old must have the counter signature of parent/guardian as an indication of consent.

A) PERSONAL PARTICULARS

Full Name (please underline surname) * Dr/Mr/Mdm/Ms		Contact Details Hand phone: Email:	
NRIC/FIN/Passport No: _____ Nationality: * Singaporean/PR/Other : _____		Mailing Address (Home) 	
Date of Birth: Gender: *Male/Female	Race: Religion:	Language(s) spoken: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil	Dialect(s): <input type="checkbox"/> Teochew <input type="checkbox"/> Hokkien <input type="checkbox"/> Cantonese <input type="checkbox"/> PI specify: -----
Occupation: <i>Students pls state name of school/course:</i>			
In case of emergency, person to contact: Name: Relationship:		Contact Number:	

B) HEALTH CONDITIONS AND OTHER DECLARATIONS

1. Do you suffer from any physical impairment or disease including mental illness, deafness, handicap, hypertension, diabetes, heart disease? If yes, please specify:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Are you a Hepatitis B Carrier?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you ever been convicted in Court for any wrong doing? <i>If Yes, please elaborate:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Immunity Requirements		
1. Have you been vaccinated against: <ul style="list-style-type: none"> • Measles, Mumps, Rubella (MMR) • Diphtheria (Tdap) • Varicella (Chickenpox) • Covid-19 Vaccine and booster 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. If any of the answer in Q1 is NO , please elaborate:		
3. If your answer in Q1 is YES , please provide us with relevant document for our record purpose.		

C) SKILLS

Please state any skills or expertise that you can contribute to Yishun Health:

Nursing/Caregiver Skills	
Leisure/Crafts Skills [Eg. Painting, photography, gardening]	
Musical Skills [Eg. Play musical instrument, Singing]	
Office/Graphic Software Skills [Eg. Microsoft Office, Photoshop]	
Others	

D) EXPERIENCE IN VOLUNTARY WORK

Have you ever had any volunteer experience?

Yes No

If yes, Please elaborate below.

Organisation	Period of service	Briefly describe type of voluntary work performed	Name and contact details of reference

E) AREA(S) OF INTEREST

Please rank the top 2 volunteer activities you are interested in.

Rank	Volunteer Programme	Description	Timing
		Activities Around The Hospital	
	Patient Support	Engaging patients in Arts & Craft, Music, Games, Therapeutic Horticulture, Adapted sports, group exercise, Haircutting.	Regular
	Ward Support	Assist in monitoring patient's movement (Fall Risk patients), serving meals to patients.	Regular
	Clinical / Hospital Support	Navigator at clinics, Rooftop Gardening, Research Project (Non-confidential).	Regular

F) AVAILABILITY (minimum commitment 6 months)

Ad-hoc Please be informed that you would only be allowed to volunteer in hospital events which are conducted on an ad-hoc basis. We will keep your contact details in the volunteer database.

Please specify [Eg. School Holidays, Project Basis etc.] : _____

Regular Volunteers must be able to commit for at least six months. Volunteers must attend a compulsory Orientation Programme and fully vaccinated before commencing on volunteer work in the hospital.

G) Time frames (The actual timing will be discussed with you later. Minimum 1 hour of volunteer work.)

Weekly Basis **Bi-weekly Basis** **Monthly Basis**

Timings	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning (8am-12nn)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (12nn-5pm)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening (5pm-10pm) (special arrangement)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Ps: You may tick more than one box.

H) Please describe why you are inspired to volunteer with Yishun Health.

PERSONAL DATA PROTECTION ACT (PDPA) 2012.

The PDPA governs the collection, use, disclosure and care of an individual’s personal data.

I fully understand and agree that the personal information which I have provided to the Hospital about myself may be disclosed to other agencies or individuals for the purpose(s) as stated below.

I give my consent for:

- (a) The processing of this volunteer profile form and administration of volunteering with the Hospital
- (b) Sending me information such as publicity about or invitation to Hospital events.
- (c) Mentions and publicity including photographs/videos and social media by the Hospital

I hereby indemnify the Hospital from any liability for damages/injuries suffered in the course of my volunteer participation.

By submitting this application, I agree that I am above 18 years of age and the information I have provided on the form is true and accurate to the best of my knowledge.

I agree to abide by all Hospital recommendations stated in this application form, policies, regulations and procedures.

OPTION TO WITHDRAW

As a Volunteer with Yishun Health, you have the right at any time to withdraw your membership from our database by emailing to **volunteers@yishunhospital.com.sg**. We will notify you once all details have been removed.

 Applicant’s Signature /
 Parent’s Signature for volunteers below 17 years

 Date

Thank you for submitting your application.

FOR OFFICIAL USE			
Covid-19 vaccination status	Yes <input type="checkbox"/> No <input type="checkbox"/>	Immunity Vaccination	Yes <input type="checkbox"/> No <input type="checkbox"/>
Reason if answer is No :			
Application accepted	Yes <input type="checkbox"/> No <input type="checkbox"/>	Volunteer number	
Orientation/Training		Letter of Undertaking	
Date T-shirt issued & Size		Date Volunteer tag issued	