



ABLE Volunteer Registration Form

Volunteer Registration Form

- Rehabilitation & Training Centre
- Respite Centre
- Transport
- Corp/Admin
- ABLE SEAS
- Ad-hoc

PERSONAL INFORMATION

Full Name: _____ Nationality: _____

NRIC/Passport No: _____ (last 4 characters) Birth Year: _____

Gender*: Male Female Religion: _____

CONTACT DETAILS

Address: _____
 _____ (Postal Code) _____

Mobile _____ Email: _____

Languages Spoken*: English Mandarin Malay Tamil
 Others (Including dialects): _____

Language (Written) _____

AVAILABILITY

Please indicate your availability for volunteering: *(at least 1-2 hours, weekly/fortnightly)*

	MON	TUE	WED	THU	FRI	SAT
Morning						
Afternoon						

HOW DID YOU COME TO KNOW ABOUT ABLE? _____

HOW YOU CAN HELP

Skills / Qualifications _____



Abilities Beyond Limitations and Expectations Ltd

A Member of Caritas-Singapore

Company Registration No. 201022774G

7A Lorong 8 Toa Payoh #02-09 Singapore 319264

Tel: 68017460 | Email: enquiries@able-sg.org

AREAS OF INTEREST / PREVIOUS VOLUNTEER EXPERIENCE



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DISCLAIMER:

By submitting this application and by participating as a volunteer, I, the undersigned, affirm that I have read, understood and agreed with the following:

My involvement in **Abilities Beyond Limitations and Expectations (ABLE)** is solely on a voluntary basis and shall not involve any form of remunerations, both in monetary terms (e.g. allowance and reimbursement of expenses) as well as in kind (e.g. loan of organizational assets), in return for service(s) rendered, unless otherwise stated;

I will abide by the policies and procedures set forth by ABLE, which guides the work of the staff and volunteers in their work with the clients, family caregivers and care recipients (collectively known as “Clients”);

My primary purpose of volunteering at ABLE is to serve the needs of clients and their family members;

I am agreeable that ABLE may take, record and use my photo, name, image, voice, interview for its publications, including but not limited to, Annual Reports, Website and other publicity/publication materials to help ABLE in its mission work,

I will be covered by the Group Personal Accident (GPA) when I am participating as a volunteer in ABLE, and

I will not hold ABLE responsible for any loss or damage to my belongings or person, whilst undertaking my volunteer responsibilities at ABLE.

Signature of Applicant _____ Date _____

INTERNAL USE ONLY

Assigned role

Volunteer Supervisor

Not suitable for role / organisation at this time.
Reason(s)

Open to other Agape Village / Caritas
member organisations? Y / N



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Volunteer Manager _____

Signature _____