

NDCS Volunteer Application Form

Thank you for your interest in volunteering at the National Dental Centre Singapore. All information provided in this form will be treated in strict confidence. Please send completed form via email at enquiries@ndcs.com.sg or mail to National Dental Centre Singapore, Office of Patient Experience, 5 Second Hospital Avenue, Singapore 168938. Thank you for your interest and support. With your help, we can make a meaningful difference in our patient experience journey.

Name as in NRIC (underline surname)	Mr/ Mrs / Mdm/ Ms		
NRIC		Nationality	
Date of birth		Religion	
Mobile No.		Home Tel No.	
Address			
Email			
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 _____		
Language Proficiency	I can speak <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Dialects (pls specify)		
	I can write <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others (pls specify)		
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)		
Highest Education Level	<input type="checkbox"/> Secondary <input type="checkbox"/> College <input type="checkbox"/> Polytechnic <input type="checkbox"/> University <input type="checkbox"/> Others (pls specify)		
Hobbies and Interest			

Volunteer Experience	<input type="checkbox"/> No <input type="checkbox"/> Yes Organisation: Period of Involvement: Description of Responsibilities:
Volunteering at NDCS	Commencement date:
	Frequency: <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Monthly <input type="checkbox"/> Others (pls specify)
	Please tick the time of availability <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thurs <input type="checkbox"/> Fri <input type="checkbox"/> AM (8.30am – 12.30pm) <input type="checkbox"/> PM (1.30pm – 5.30pm)
	What do you hope to gain from being a volunteer?
	Any information/ experience/ skills relevant to the volunteer role:
	How did you come to know about the volunteer programme at National Dental Centre Singapore? <input type="checkbox"/> NDCS website <input type="checkbox"/> Friends <input type="checkbox"/> Patient <input type="checkbox"/> Ex-patient <input type="checkbox"/> Others (pls specify)

Other Information
1. Have you ever suffered or are suffering from any medical condition, disease, mental illness or physical impairment? <input type="checkbox"/> Yes (pls specify) <input type="checkbox"/> No
2. Have you ever been convicted in the court of law in any country? <input type="checkbox"/> Yes (pls specify) <input type="checkbox"/> No

I confirm that the information provided in this application form is true and complete. I also agree to abide by NDCS' policies and procedures.	
_____ Name & Signature	_____ Date