

GENESIS SCHOOL FOR SPECIAL EDUCATION VOLUNTEER APPLICATION FORM

Name : _____

Address : _____

Phone : _____ (H) _____ (O) _____ (HP)

Email : _____

Residential Status : Singaporean Singapore PR NRIC No: _____

Foreigner : WP / EPass / SPass / SVPass / Dependent's Pass
(Please circle the appropriate pass and provide us a photocopy for our retention)

Fin No: _____ Date of Issue _____ Date of Expiry _____

Passport No : _____ Country of Issue: _____
(Please provide a photocopy for our retention)

Age range of children you'd like to help:
(Please tick accordingly)

- 2 ½ - 4 years
4 – 8 years
9 years and above

Previous experience working with children: _____

Any experience working with children with special needs: Yes No

List day(s) and times you could commit to weekly: _____

Areas other than academics that you have talent/interest in helping the students:

Art & Craft Computer Dance Other

Swimming Music Cooking

Have you ever been convicted of or plead guilty to any crime(s) involving or against a minor?:

Yes / No If yes, describe each full: _____

Are there any criminal charges pending against you regarding any crime(s) involving or against a minor?

Yes / No If yes, describe each in full: _____

In consideration of my desire to serve as a volunteer at Genesis School for Special Education Pte Ltd I hereby assume all responsibility for any and all risk of property damage or bodily injury that I may sustain while participating in any voluntary activity of any nature, including the use of equipment and facilities of Genesis School for Special Education Pte Ltd

Agreement and Signature by submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name _____

Signature / Date _____