

| A. PERSONAL PARTICULARS (Please out in BLOCK LETTERS) |                           |                                |               |
|---|---------------------------|--------------------------------|---------------|
| Full Name* (as in NRIC / Passport):                   |                           | NRIC / FIN / Passport No. *:   |               |
| Gender*:  | Birth Date*: (DD MM YYYY) | Age:                           | Citizenship*: |
| Marital Status*:                                      | Ethnic Group:             | Dialect Group (if applicable): |               |

Please Attach  
a Recent  
Passport Sized Photo  
Here  
(4.5cm x 3.5cm)

| B. CONTACT INFORMATION (Please fill out in BLOCK LETTERS) |                          |                            |
|---|--------------------------|----------------------------|
| Mobile No. *:   | Home No (if applicable): | Office No (if applicable): |
| Home Address*:  |                          | Email Address*:            |

\*Required fields.

| C. BACKGROUND, SKILLS & EXPERIENCE  |                              |  |                      |
|---|------------------------------|--|----------------------|
| Current Occupation  | Current Employer/School      | Highest Qualification Attained             | Other Certifications |
| Proficient Languages & Dialects Spoken  | Proficient Languages Written | Interests/Hobbies/Special skills & talents |                      |
| Brief description of current and past responsibilities at work (if any):      |                              |  |                      |
| Organisation  | Description of role          |  | Duration             |
|   |                              |  |                      |
|   |                              |  |                      |
|   |                              |  |                      |
| Previous Voluntary Work Experience & Organisations Volunteered With (if any): |                              |  |                      |
| Organisation  | Description of role          |  | Duration             |
|   |                              |  |                      |
|   |                              |  |                      |
|   |                              |  |                      |

| D. INVOLVEMENT IN COVENANT EVANGELICAL FREE CHURCH (Fill out where applicable.)                                   |                           |   |                  |
|---|---------------------------|---|------------------|
| Accepted Christ since   | Attending CEFC since      | Ministries Involved (Now & Before)                            | Role in Ministry |
|   |                           |   |                  |
| Worship Location  | Bukit Panjang / Woodlands |   |                  |
| Membership Status   | Member / Regular Visitor  |   |                  |
| Equipping (Attending or Completed)  | Year Completed            | CG/MG Involvement   | CGL/MGL's Name   |
|   |                           |   |                  |
|   |                           |   |                  |
|   |                           |   |                  |
| <small>(within or outside CEFC, e.g. BSF, IDT, ETC, Nurturers', Alpha, etc) IDT – Pls. state batch number</small> |                           | <small>(e.g. CG, IDT DG, MG, Seekers', MIC, WIC, etc)</small> |                  |

## E. MINISTRY INTERESTS & AVAILABILITY

| I am interested in serving:   | I am likely to be available on: (tick all that applies)   | I am likely to commit:   |
|---|---|--|
| <input type="checkbox"/> Young Children (18 months - 6 years old)<br><input type="checkbox"/> Children (7 - 12 years old)<br><input type="checkbox"/> Youths (13 - 21 years old)<br><input type="checkbox"/> Helper/facilitator in Events<br><input type="checkbox"/> Behind-the-scenes / Admin support work<br><input type="checkbox"/> Media (photog, writer, emcee, designer)<br><input type="checkbox"/> Others (Please specify): | <input type="checkbox"/> Saturdays <input type="checkbox"/> Sundays<br><input type="checkbox"/> Weekdays (Day)<br><input type="checkbox"/> Weekdays (Night)<br><input type="checkbox"/> Others (Please specify) : | <input type="checkbox"/> 1 – 3 months regularly<br><input type="checkbox"/> 3 – 6 months regularly<br><input type="checkbox"/> 6 – 12 months regularly<br><input type="checkbox"/> Ad-hoc basis<br><input type="checkbox"/> Others (Please specify): |
| <b>There is a specific programme(s) I'm interested in:</b>  |   |  |

The best time to call me to regarding volunteering (Mon – Fri, 8.30am – 6pm) is:

**\*How did you find out about us?**

|  |  |
|--|--|
| <input type="checkbox"/> Social Media                                      | <input type="checkbox"/> Community (Friends, Family etc.)                  |
| <input type="checkbox"/> New Life Website                                  | <input type="checkbox"/> Government Agencies                               |
| <input type="checkbox"/> CEFC  | <input type="checkbox"/> Volunteer Matching Services                       |
| <input type="checkbox"/> Publications (Newsletters, Sunday Bulletins etc.) | <input type="checkbox"/> Referred by other New Life Volunteers             |
| <input type="checkbox"/> Others: _____                                     | <input type="checkbox"/> Referred by New Life Staff (indicate name: _____) |

Please indicate any special skillset (e.g. Dancing, Music) that you may wish to contribute apart from the above – mentioned (if any):

## F. \*REFEREE (Mandatory) Should not be a relative, spouse or family member (Please fill in BLOCK LETTERS)

|   |                      |                       |
|---|----------------------|-----------------------|
| <b>Full Name</b> (as in NRIC / Passport): | <b>Relationship:</b> | <b>Years Known:</b>   |
| <b>Occupation / Job Title:</b>            | <b>Mobile No.:</b>   | <b>Email Address:</b> |

*\* Please ensure that permission (from your referee) has been sought for disclosure of personal data in compliance of PDPA.*

## G. DISCLOSURES & AGREEMENT

|  | Please tick one:   | If yes, please elaborate here: |
|--|--|--------------------------------|
| Have you been previously convicted in a court of law?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Have you ever been investigated for allegations of criminal conduct?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Have you/are you practising or have practised homosexuality?   | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Are you undergoing treatment for any chronic physical/mental illness?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Are you substance-dependent (alcohol/glue/drugs/tobacco)?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Have you ever applied to New Life Community Services as a volunteer or staff within the last 2 years?  | <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Please indicate any <b>conflict of interest</b> that might prevent you from carrying out your duties effectively and impartially as a volunteer. |  |                                |

## H. UNDERTAKING, DECLARATION & PERSONAL DATA PROTECTION ACT (PDPA) CONSENT CLAUSE

A. I wish to serve as a volunteer in New Life Community Services. I understand that its mission is to “seek to mentor the next generation of youths and children to master life’s transitions so they may able to make a positive contribution to their home, communities & society.”

B. Should I be accepted as a volunteer, I undertake:

- i. to represent wholesome values to the people I serve.
- ii. to be accountable to the staff-in-charge for all matters relating to my service in New Life.
- iii. not to directly or indirectly abuse my position for personal or business gain.
- iv. not to retain or use any confidential information I come across in the course of my voluntary service for any purpose except in direct connection with my volunteer service.

C. I declare that all information provided in this Application are correct and true to the best of my knowledge and I have not withheld any material information. I understand that I may be dismissed for any breach of ethical conduct, including falsification of information.

D. In accordance to the Personal Data Protection Act, I hereby give my consent to New Life Community Services and Covenant EFC to use my personal information for the purpose of data collection and to contact me for any matters relating to my ministry.

- E. I allow New Life Community Services to publish my name, and as well as photographs & videos taken of me during different events for both internal & external publicities.
- F. I accept that I may be subject to a “security screening” process prior to confirmation and deployment for the use of my services. This is subjected to circumstances and a case by case basis.
- G. I agree that New Life Community Services reserves the right to reject an application or change my deployment when necessary to better utilise my intended skillset for the beneficiaries.
- H. I understand that participating in the activities of New Life Community Services involves a certain level of risks. The organisation will not be held liable for any costs, damages, charges and expenses OR injuries, loss and damage incurred during participation of the programmes/activities.

**PARENTAL CONSENT FOR VOLUNTEERS UNDER 18 YEARS OF AGE**

- I. I hereby give consent for my child/ward (named below) to serve as a volunteer with New Life Community Services.
- J. I have vetted the New Life Volunteer Application Form signed by my child/ward and I confirm that my child’s/ward’s statements are true.
- K. I understand that I can withdraw my consent at any time for my child's/ward’s voluntary service with New Life.
- L. I agree to hold New Life not liable in case of any loss or harm to my child/ward in the course of his/her voluntary service with New Life.

**For volunteers under 18 years of age:**

\_\_\_\_\_  
Signature of Parent/Legal Guardian

Name (as in NRIC):

NRIC No:

Dated:

\_\_\_\_\_  
Signature of Applicant

Dated:

**I. FOR OFFICAL USE ONLY**

|  |   |
|--|---|
| <b>Date Received:</b>  | <b>Vol Number:</b>  |
| <b>Date Interviewed:</b>   | <b>Interview Result:</b>  |
| <b>Interviewed by:</b>   | <input type="checkbox"/> PASSED <input type="checkbox"/> NOT SUITABLE |
| <b>Reference Check Date:</b>   | <b>Reference Check Result:</b>  |
|  | <input type="checkbox"/> PASSED <input type="checkbox"/> NOT ACCEPTED |
| <b>Status:</b>   | <b>Ministry Deployment / w.e.f.</b>                                   |
| <input type="checkbox"/> PLACED <input type="checkbox"/> KIV <input type="checkbox"/> REJECTED |   |

**J. OTHER COMMENTS/REMARKS**

\_\_\_\_\_