Wicare Support Group
Volunteer Registration Form

Personal Particulars of Volunteer

Full Name as in NRIC:			
Email Address:			
Language Proficiency:			
Telephone No:	**(Home)**	**(Office)**	**(Mobile)**
Occupation / Working Experience:			
Religion:			
In case of emergency, please contact:			
Name:		**Contact Tel:**	

I would like to volunteer in (You can tick more than one):

- ❑ Visiting – widows who are lonely, or in financial need (visitations are done in pairs)
- ❑ Befriending – especially those widows living in the same neighbourhood, manning a hotline
- ❑ Accompanying – senior widows to hospital visits or medical appointments
- ❑ Organizing – outings and escorting widows
- ❑ Recreational – develop hobbies, skills, adventures, food catering
- ❑ Administrative – pen articles for newsletter, office admin, library management, provide tuition
- ❑ Not ready now. Will consider and reply by _________________ (date).

Please state your other areas of interest / skills____

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Which Day(s) and Time per week available?____

CONFIDENTIALITY

I will not disclose or divulge or make public to any unauthorised person any confidential information concerning WICARE. Confidential information includes and is not limited to financial information and members' details.

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Signature of Volunteer Date

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For official use:

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