



Singapore Action Group of Elders (SAGE)  
 19 Toa Payoh West  
 Singapore 318876  
 Tel: 6353 7159 Fax: 6353 7148  
 Website: [www.sage.org.sg](http://www.sage.org.sg)



**Volunteer's Particulars Form**  
**Join us as a Volunteer @ SAGE !!**

① **NOTE:** All information given will be treated in strict confidence. Please submit completed form via  
 (a) Email: [admin@sage.org.sg](mailto:admin@sage.org.sg) or (b) Fax: 6353 7148

**1 PERSONAL PARTICULARS**

<b>Full Name</b> ( <i>please underline surname</i> ) * Dr/Mr/Mdm/Ms		<b>Contact Details</b> Handphone: Home: Em@il:	
<b>NRIC/FIN/Passport No:</b> <b>Nationality:</b> * Singapore/PR/Others : _____		<b>Contact Address (Home)</b>	
<b>Date of Birth:</b>  <b>Marital Status: *</b> Single/Married/Others: _____	<b>Age:</b>  <b>Sex: *</b> Male/Female  <b>Religion:</b>	<b>Language(s) spoken:</b> <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil	<b>Dialect(s):</b> <input type="checkbox"/> Teochew <input type="checkbox"/> Hokkien <input type="checkbox"/> Cantonese <input type="checkbox"/> PI specify: -----
<b>Occupation:</b> <b>Students pls state name of school/course:</b>			
<i>If you are under 16 years of age, parental consent is required.</i> <b>Name of Parent / Guardian:</b> <b>Contact No:</b>			
<i>In case of emergency, person to contact:</i> <b>Name:</b> <b>Relationship:</b>		<b>Contact Nos:</b> <b>Home:</b> <b>Office:</b>	

**2 DECLARATION**

2. Have you ever been convicted in Court for any wrong doing? <i>If Yes, please elaborate:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have you volunteered with any other organisations? <i>If Yes, please elaborate:</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**3 Please state any skills or expertise that you can contribute to Singapore Action Group of Elders:**

Computer Software Skills [Eg. Microsoft Office, Photoshop, etc]	
Leisure Crafts [Eg. Painting, photography, gardening, ability to play musical instrument, etc]	
Others [Eg. Administrative/professional support, etc]	

**4 EXPERIENCE IN VOLUNTARY WORK** (if applicable)

Organisation	Period of service	Briefly describe type of voluntary work performed	Name of reference

**5 COMMITMENT – AREA OF INTEREST**

Please rank the nature of volunteer activities you are interested in, in order of preference (1-most preferred, 5-least preferred). You need not rank those options which do not interest you.

Rank	Volunteer Programme	Description
	Logistics/ Administration	Support the admin and operations departments through tasks such as data entry and database management, design of publicity materials, placement of posters and signage for various events.
	Mentoring	Help us as mentor in our Basic Computer Class for older persons. You will provide a one-to-one assistance to class participants
	Landscaping	Assist us in beautifying and maintaining our common areas and tending to our gardens.
	Support Groups	Support us in our outdoor events and roadshows.
	Other Area of Interest	Please Specify :

**6 Availability**

- Ad Hoc**  
Please specify [Eg. School Holidays, Project Basis etc.] : \_\_\_\_\_
- Regular**  
**Time Frames:** Preferred day(s): \_\_\_\_\_  
 Weekly Basis  
 Bi-weekly Basis  
 Monthly Basis  
**Session Length:** Preferred time(s): \_\_\_\_\_  
 2 – 4 hours  
 5-6 hours  
 More than 6 hours

**7 Please describe why you are inspired to volunteer at Singapore Action Group of Elders?**

\_\_\_\_\_

\_\_\_\_\_

I certify that the above information are true and complete. I agree to abide by all SAGE's policies, regulations and procedures.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

*\*Please submit this form together with a photo-copy of your identification card (front & back)/passport and 2 passport/IC sized photos.*

<p>For Official Use:</p> <p>Application approved by: _____ Name: _____</p> <p>Date approved: _____</p>
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