



The Diabetic Society of Singapore (DSS) Volunteer Application Form

Name: (Dr/Mr/Mrs/Mdm/Ms) _____ Date of Birth: _____

Address: _____

Home Tel: _____ HP: _____ Email: _____

Are you currently a member of DSS? Yes / No

Have you had any previous experiences as a volunteer? If so, with what organizations, and what kind of work did you do?

How did you hear about volunteering at the Diabetic Society of Singapore (DSS)?

Why, at this particular time in your life, have you chosen to be a volunteer?

Why have you chosen our Society to volunteer at?

What experiences have you had that might be useful to you in volunteering?

What did you hope to gain from being a volunteer?

What are your hobbies and interests?

Are you involved in clubs, organizations and associations? If yes, please briefly state the activities involved.

Are you willing to make a one-year commitment as the Society's volunteer?

Please tick on the following activities that you will like to volunteer in:

- Administration e.g. labels printing and sticking, production and/or folding of direct mailers, handling registration duties at outreach events, phone calls etc.
 - Befriending/Outreach Events e.g. packing and distributing goodie bags, ushering, distributing flyers, crowd management, public relations, planning excursions etc.
 - Public Awareness/ Fundraising Activities e.g. flag days, fun fairs, self-initiated or other community projects etc.
 - Editorial e.g. Contributing articles or artistic concept to Diabetes Singapore magazine, brochures, website, video script etc., and translation of articles from English to Chinese, Malay or Tamil.
 - Creative / Skill-based Interests e.g photography, hosting on stage, performances, video production, art & craft, website design, IT related, cooking etc.
 - Other areas (please name):
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Are you currently:

- Working
- Studying
- Retired
- At Leisure

What are the time/day that best suit you for potential voluntary work?

Time/Day	Mon	Tue	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							

For potential volunteer activities, I prefer the Society to call me:

- In the morning
 - Afternoon
 - No, just email and sms me
 - Evening (no later than 8 pm)
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I understand that the approval of my application to volunteer is subject to the consideration of Diabetic Society of Singapore.

Signature: _____

Date: _____

Please mail, fax or email the completed form to:

Volunteer Co-ordinator
Diabetic Society of Singapore
Blk 141 Bedok Reservoir Road #01-1529
Singapore 470141
Tel: 6842-3382 Fax: 6842-3118
Email: dss@diabetes.org.sg Website: www.diabetes.org.sg