



**United
Medicare
Centre**

愛心康复中心

Application Form for Volunteer

Instructions:

1. A copy of this application form is to be completed and submitted to the registration counter at UMC. Alternatively, you can mail this application to:

**United Medicare Centre
170 Toa Payoh Lorong 6
Singapore 319400**

Volunteer Particulars

Name			
NRIC No.		Gender	Male / Female *
Race		Date of Birth	/ / (dd/mm/yyyy)
Residential Address			
Marital Status	Single / Married / Divorced / Widowed *		
Religion		Contact No.	
Email Address		Dialect/Language Spoken	
Highest Qualification Level			
Interest of Field to Volunteer			
Skill and Expertise			

* Delete where inapplicable