



VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with AMP.
To apply, kindly complete this form. Please ensure that all the details provided are correct at the time of application. AMP reserves the right to reject any application or consider any application void should the information provided is inaccurate.

Personal Particulars

Full Name as in IC / Passport:

NRIC:	Date of Birth:	Age:
Gender: *Male / Female	Race:	Marital Status: Single / Married / Divorced

Highest Qualification:

Occupation:

Name of Company / School:

Home Address:

Contact Number:
_____ (Home) _____ (Mobile)

Email Address:

Availability:

Weekdays

Monday	<input type="checkbox"/> 2.00pm to 6.00pm	<input type="checkbox"/> 6.30pm to 9.30pm
Tuesday	<input type="checkbox"/> 2.00pm to 6.00pm	<input type="checkbox"/> 6.30pm to 9.30pm
Wednesday	<input type="checkbox"/> 2.00pm to 6.00pm	<input type="checkbox"/> 6.30pm to 9.30pm
Thursday	<input type="checkbox"/> 2.00pm to 6.00pm	<input type="checkbox"/> 6.30pm to 9.30pm
Friday	<input type="checkbox"/> 2.00pm to 6.00pm	<input type="checkbox"/> 6.30pm to 9.30pm

Weekends

Saturday	<input type="checkbox"/> 9.00am to 1.00pm
Sunday	<input type="checkbox"/> 9.00am to 1.00pm

Location(s)

East / West / North / South

Experience & Skills: (Eg. Teaching at Secondary level, Mentoring youth at risk, Volunteer Coordinator, Counseling, Games Master, Outdoor Adventure instructor, Life Skills Trainer, Sports Trainer, Planning events, Discussion Facilitator, First Aider, Photography etc)

CHARACTER REFEREES (Non Family Members)

Name: Occupation: Organization: Contact: Email: Relationship: No. of years known:	Name: Occupation: Organization: Contact: Email: Relationship: No. of years known:
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DECLARATION

1.	Have you ever suffered or are you suffering from any physical impairment, disease or mental / nervous disorders or have been referred for psychiatric treatment for anxiety, depression, stress, eating disorder etc? If yes, please provide details:	Yes No
2.	Have you ever been convicted in a court of law in any country or is awaiting outcome of criminal hearings in any country? If yes, please provide details:	Yes No
3.	Have you been or are you under any financial embarrassment i.e. (a) an undischarged bankrupt, (b) a judgement debtor, (c) have unsecured debts and liabilities of more than 3 months of last-drawn pay, (d) have signed a promissory note or an acknowledgement of indebtedness ? If yes, please provide details:	Yes No
4	Do you know anyone working in AMP Group who is related to you? If yes, please provide details:	Yes No

In submitting this form, I declare that the particulars in this application are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact.

I hereby consent to the collection of my personal data and information by AMP, which will be stored and used in accordance with the Data Privacy Policy and the Personal Data Protection Act (2014).

Signature of Applicant

Date