



# SIKH WELFARE COUNCIL

TEL: 62999234 FAX: 62941582

Mailing Address: TOWNER PO BOX 1468, SINGAPORE 913237

Email: [admin@siwec.org](mailto:admin@siwec.org)

We will be pleased if you will volunteer to serve Sikh Welfare Council. Please complete this form. We will keep your details on file and contact you when a suitable opportunity to serve arises.

## VOLUNTEER REGISTRATION FORM

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NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ Postal Code \_\_\_\_\_

TEL NO: \_\_\_\_\_ H/P NO: \_\_\_\_\_

NATIONALITY: \_\_\_\_\_ PROFESSION: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ NRIC/PASSPORT: \_\_\_\_\_

LANGUAGES SPOKEN FLUENTLY:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

**AREA OF INTEREST: (Please indicate by marking the box below): Approximate time required**

**1. HOME VISITS**

- Befriend the aged

**½ Day per visit**

( ) (a few times a year)

**2. SUPPORT FOR BEREAVEMENTS**

- Bathing of Bodies
- Tying Turban
- Driving Hearse

**½ Day per bereavement**

( ) (1-2 times a month)

( )

( )

**3. HOSPITAL VISIT PROGRAMME**

- Befriending the Patient
- Conducting Prayers (when requested)

**2 to 3 hrs per visit**

( ) (1-2 times a month)

( )

**4. EDUCATIONAL SUPPORT FOR THE NEEDY**

*Providing private tuition*

- Primary Level
- Secondary Level Subjects

**½ Day a week**

( )

( )

**5. COUNSELING FOR PRISONERS**

- Providing counseling for inmates based on established approved Program/ Curriculum (**minimum age: 30**)

**½ Day a week**

( )

**6. EVENTS ORGANIZED BY SIWEC**

**1 Day per event**

- Providing administrative/ secretarial support ( )
- Providing logistical support, including fieldwork ( )

**7. HEALTH SCREENINGS (preferably nursing/ medical background) ½ Day per event**

- Translator ( )

**Availability:**

Monday	AM / PM
Tuesday	AM / PM
Wednesday	AM / PM
Thursday	AM / PM
Friday	AM / PM
Saturday	AM / PM
Sunday	AM / PM

DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

The information you provide will not be shared with any third party and will only be used for purposes relating to SIWEC volunteering.

Please return this form to: **TOWNER PO BOX 1468, SINGAPORE 913237**

**For Office Use**

Received date: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Comments:

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\_\_\_\_\_

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