

VOLUNTEER APPLICATION FORM

- 1. Name : _____
- 2. Address : _____
- 3. Contact Number : _____ (HP) _____ (O) _____ (H)
- 4. Date of Birth : _____ 5. Sex : M / F
- 6. Marital Status : Single / Married / Divorced / Others
- 7. Current Position : _____
- 8. Previous Volunteer Experience (if any) : _____

9. List any courses/training programme undergone in the area of family life education/sexuality education/counselling : _____

10. Please indicate areas in which you are keen in volunteering:

- Programme Committee
- Research Committee
- Fund-Raising Committee
- Sexuality Education Workshops for Youth
- Family Life Education for Adults
- Telephone Counselling

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Being a non-profit voluntary Welfare Organisation, SPPA depends solely on fund-raising, sponsorships and individual/corporate donations to run its programmes. A dollar goes a long way into making educational and training programmes and counselling services in Sexual & Reproductive Health available to everyone, regardless of economic status or educational level. So please be a part of this effort to enhance family life and donate generously to our cause! **All donations are tax-exempt.*

Name : _____
(Individual / Organisation)

Address : _____

Contact Number : _____ (HP) _____ (O) _____ (H)

I would like to donate:

- \$10.00 \$20.00 \$50.00 \$100.00 Other amount : \$ _____

Cheque No.: _____ Date: _____

Please make your cheque payable to: The Singapore Planned Parenthood Association

Our mailing address is: **Blk 3A Holland Close #01-55 Singapore 272003**

Thank you for your kind support!