

For Office Use

* please delete appropriately



Special Olympics
Singapore

Be a fan™

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VOLUNTEER REGISTRATION FORM

PERSONAL PARTICULARS

Name : _____ NRIC/ Passport No: _____

D.O.B : _____ Gender : F / M * Nationality : _____

Address : _____

Postal Code : _____ Race : _____

Telephone : _____ (H) _____ (O) _____ (Hp/Pg)

E-mail : _____ Marital Status : _____

Highest Qualification : _____

Occupation : _____

Sports Certification (please indicate if any) : _____

Interest / Hobbies : _____

Any Volunteering Experience : YES/ NO *
(please indicate Association/ Organisation and Years of Experience)

AREA OF INTEREST FOR VOLUNTEERING

- (A) Coaching/ Assistant (please specify below)
- (B) Tournament Official (please specify below)

SPORT

Core

- 1. Badminton
- 2. Bocce
- 3. Bowling
- 4. Soccer
- 5. Track & Field

Merit

- 1. Floor Hockey
- 2. Swimming
- 3. Table Tennis

Other

- 1. Strength and Conditioning
 - 2. Others
- (please specify) _____

NON-SPORT

- (C) Fund Raising
- (D) Information Technology
- (E) Others (please specify) _____

AVAILABILITY

Preferred Days & Timing : _____

How do you know about Special Olympics Singapore?

- Internet TV/ Radio/ Newspaper
- Teachers/ Friends/ Family/ Colleague Others (please specify)

I hereby verify that the above information are true and accurate to my utmost knowledge.

Signature / Date