

SILVER GENERATION AMBASSADOR APPLICATION FORM



Thank you for your interest in our Silver Generation Ambassadors Programme!
Please fill in the personal particulars below.

*Touching Lives,
Honouring Our Seniors*

GRC:		Division:	
PART I. PERSONAL PARTICULARS			
Name as in NRIC (Please <u>underline</u> your Surname):			NRIC:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth: (DD/MM/YYYY)	Race: <input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others: _____	Religion:
Citizenship: <input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR		New Singapore Citizen: (Became Singapore citizen in the past 5 years) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If PR, PR start date: (DD/MM/YYYY)		If yes, please indicate number of years you have been a Singapore Citizen: <input type="checkbox"/> < 1 year <input type="checkbox"/> 1 – 3 years <input type="checkbox"/> 3 – 5 years	
Nationality:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Others		Email Address:	
Block / House No:		Unit No:	Postal Code:
Street Name:			
Mobile No.:		Home No.:	Office No.:
Next of Kin (In case of emergency)	Name:		
	Contact No:		
T Shirt Size: <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL			
Grassroots Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate number of years: <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 6 – 10 years <input type="checkbox"/> 11 – 15 years <input type="checkbox"/> 16 – 20 years <input type="checkbox"/> > 20 years		Other volunteer experience (VVOs etc): <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate number of years: <input type="checkbox"/> 1 – 5 years <input type="checkbox"/> 6 – 10 years <input type="checkbox"/> 11 – 15 years <input type="checkbox"/> 16 – 20 years <input type="checkbox"/> > 20 years	
Highest Qualification: <input type="checkbox"/> A level and below <input type="checkbox"/> Diploma or equivalent <input type="checkbox"/> Degree <input type="checkbox"/> Post Degree		Years of Work Experience: <input type="checkbox"/> NA <input type="checkbox"/> 0 - 10 years <input type="checkbox"/> 11 – 20 years <input type="checkbox"/> 21 – 30 years <input type="checkbox"/> > 30 years	

<p>Present Occupation (please select 1):</p> <input type="checkbox"/> Legislators, Senior Officials, Managers <input type="checkbox"/> Professionals <input type="checkbox"/> Clerical and Admin <input type="checkbox"/> Service and Sales <input type="checkbox"/> Healthcare <input type="checkbox"/> Community Service <input type="checkbox"/> Banking and Finance <input type="checkbox"/> Education <input type="checkbox"/> Building, Construction, Manufacturing <input type="checkbox"/> Arts and Entertainment <input type="checkbox"/> Entrepreneur <input type="checkbox"/> Homemaker <input type="checkbox"/> Retiree <input type="checkbox"/> Others, please specify: _____	<p>Presently held designation:</p> <input type="checkbox"/> Chief Executive, Director <input type="checkbox"/> Manager <input type="checkbox"/> Professional <input type="checkbox"/> Senior Executive <input type="checkbox"/> Junior Executive <input type="checkbox"/> Others, please specify: _____										
<p>Spoken Language/Dialect: (You may tick more than 1)</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> English</td> <td><input type="checkbox"/> Hakka/Khek</td> </tr> <tr> <td><input type="checkbox"/> Mandarin</td> <td><input type="checkbox"/> Hokkien</td> </tr> <tr> <td><input type="checkbox"/> Malay</td> <td><input type="checkbox"/> Teochew</td> </tr> <tr> <td><input type="checkbox"/> Tamil</td> <td><input type="checkbox"/> Hindi</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Cantonese</td> </tr> </table> <p>Others, please specify: _____</p>		<input type="checkbox"/> English	<input type="checkbox"/> Hakka/Khek	<input type="checkbox"/> Mandarin	<input type="checkbox"/> Hokkien	<input type="checkbox"/> Malay	<input type="checkbox"/> Teochew	<input type="checkbox"/> Tamil	<input type="checkbox"/> Hindi		<input type="checkbox"/> Cantonese
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<input type="checkbox"/> Tamil	<input type="checkbox"/> Hindi										
	<input type="checkbox"/> Cantonese										

Availability Period: (Kindly indicate when you will be available to volunteer by ticking the relevant boxes.)

2 half days a week
 Once a week
 Once a fortnight
 Once a month
 Others, please specify _____

 During office hours
 After office hours
 Weekends

PART II. DECLARATION & AGREEMENT

Have you been or are you suffering from any disease/major medical condition/mental disorder or physical impairment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been discharged or dismissed from service by your previous employers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been convicted in a court of law in any country or having offence pending the outcome of investigation or the court of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been declared bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you aware of any bankruptcy proceedings that have been commenced against you which have not been discharged or satisfied?	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that all information given herein in this form is true and correct. I understand that any misrepresentation or omission of facts will affect my application to volunteer as a SGA.

I hereby consent to the collection of my personal data as disclosed herein to the Silver Generation Office (SGO) and understand that SGO shall also disclose such personal data as is necessary for the purposes of processing my application, including any administrative setup for disbursement of allowances, data analysis or any other applicable purposes, to government agencies and/or any commercial vendors.

I understand that SGO reserves the right to reject my application or terminate my service as a volunteer based on grounds deemed fit by SGO.

_____ Signature of Applicant

_____ Date