



Application for Group Volunteering

Name of Organisation / School / Group:	
Would like to volunteer in your hospital located at <input type="checkbox"/> Ren Ci Community Hospital (Irrawaddy) <input type="checkbox"/> Ren Ci Long Term Care (Buangkok) <input type="checkbox"/> Ren Ci Nursing Home (Jalan Tan Tock Seng)	Frequency <input type="checkbox"/> Single Visit (Date: _____) <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Others _____
Day <input type="checkbox"/> Weekday _____ <input type="checkbox"/> Saturday <input type="checkbox"/> Sunday	At time slot(s): <input type="checkbox"/> 0930 - 1130 <input type="checkbox"/> 1430 - 1630 <input type="checkbox"/> *1130 - 1300 <input type="checkbox"/> *1630 - 1800 * Meal times
About your Organisation / School / Group:	
Contact Person: _____ Home/Office: _____ H/P: _____ Fax: _____ Email: _____	
Group size: _____ [Maximum size of 25 pax]	Age Range of Visitors: _____
Objective of Visit:	
Proposed activities:	
Other information:	
Please send the completed form by post or email to xiaoyun_xie@renci.org.sg , or fax to 6358 0900 at least two weeks prior to the date of first visit. We will contact you to confirm the visit. Thank you.	
For Official Use	
Remarks:	