



**RESTRICTED**  
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**PEOPLE'S ASSOCIATION**  
**VOLUNTEER REGISTRATION FORM**

Please paste (do not staple)  
one photograph  
for PA ID Card

*This form may take you 5 minutes to fill in.*

| <b>PART I</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                 |                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>NAME OF COMMITTEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                 |                                                        |
| Name as in NRIC (in <b>BLOCK</b> and <u>underline surname</u> )<br>*Dr/Mr/Mdm/Mrs/Miss                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                 | Name in Chinese Character<br>(if applicable)           |
| NRIC No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Date of Birth (dd/mm/yy)                                                                                                                                        | Title of National Day Award & Year<br>Awarded (if any) |
| Singapore PR *Yes/No/NA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female                                                                                            |                                                        |
| Race                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Widowed <input type="checkbox"/> Divorced/Separated |                                                        |
| Nationality                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | NS Status (if applicable)<br><input type="checkbox"/> Full Time<br><input type="checkbox"/> Reservist<br><input type="checkbox"/> Exempted                      |                                                        |
| Religion                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Country of Birth                                                                                                                                                |                                                        |
| Language/Dialect      Written _____ Spoken _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                 |                                                        |
| Highest Educational Level Attained <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> *GCE 'N'/'O' <input type="checkbox"/> ITE <input type="checkbox"/> GCE 'A'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                 |                                                        |
| <input type="checkbox"/> Diploma <input type="checkbox"/> Pass Degree <input type="checkbox"/> Honours Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |                                                        |
| Name of Diploma/Degree Attained _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                 |                                                        |
| Name of Polytechnic/University Attended _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                 |                                                        |
| Home Address _____ Postal Code _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                 |                                                        |
| Home Telephone No. _____ Handphone No. _____ E-mail Address _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                 |                                                        |
| Type of Dwelling <input type="checkbox"/> HDB _____ - Room <input type="checkbox"/> HDB Executive <input type="checkbox"/> HUDC <input type="checkbox"/> Bungalow                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                 |                                                        |
| <input type="checkbox"/> Semi Detached/Terrace <input type="checkbox"/> Condominium/Private Apartment Others, specify _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |                                                        |
| <b>PART II</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                 |                                                        |
| Occupation                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Name of *Employer/Company (please specify if you are self-employed)                                                                                             |                                                        |
| Workplace Address _____ Postal Code _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                 |                                                        |
| Workplace Telephone No. _____ Fax No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                 |                                                        |
| <input type="checkbox"/> I hereby declare that the information provided in this Volunteer Registration form is accurate, true and there is no undisclosed detail(s) that would affect the approval of this registration. I will duly inform the PA of any information change(s).                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                 |                                                        |
| <input type="checkbox"/> I consent that the personal information provided may be used by the PA to contact me in connection with my participation as a volunteer with the PA and/or its affiliated grassroots organisations. The PA may make my personal data available to external individuals or organisations (if necessary) to fulfil the registration approval as well as for all matters relating to my participation as a volunteer with the PA and/or its affiliated grassroots organisations. Where appropriate, the PA may share your personal information with other Government agencies so as to improve the discharge of public functions, and to serve you in the most efficient and effective way unless such sharing is prohibited by law. |                                                                                                                                                                 |                                                        |
| _____<br>Signature of Applicant                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                 | _____<br>Date                                          |
| <b>FOR OFFICIAL USE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                 |                                                        |
| Position Recommended _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                 | Endorsed by _____<br>Signature of Adviser & Date       |
| Recommended by _____<br>Name & Designation      Signature & Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                 |                                                        |

\*Delete as necessary

✓ Tick wherever appropriate

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