

# ST. THERESA'S HOME

49 Upper Thomson Road, Singapore 574325

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E-mail: admin@sainttheresahome.org

## VOLUNTEER REGISTRATION FORM

**I wish to offer my time and services as a Volunteer and be inducted as a "Friend of St. Theresa"**

Name:	Sex: M / F	NRIC/Passport No:
Address:		
Contact nos: Home:	Office:	Mobile:
E-mail:		
<b>Preferred Activity:</b> (Select your preference(s), and state your preferred day and time)		
Befriending		
Chapel/Sacristan		
Nursing Care		
Physiotherapy/Occ. Therapy		
Events/Parties		
Feeding		
Gardening/Cleaning		
Grooming		
Handicraft		
Handyman/Odd Jobs		
Medical Appointments/Chaperon		
Ministry to the Dying		
Music/Dance Therapy		
Prayer Group		
Sales/Store		
 <hr/> (Signature) _____ (Date) _____		

### Placement (Office Use Only)

<b>Section:</b>	
<b>Day and Time:</b>	
<b>Commencement Date:</b>	
<b>Placed by:</b>	<b>Date:</b>