

# RSVP (S) MEMBERSHIP APPLICATION

75 Bukit Timah Road #06-04 Boon Siew Building S(229833)  
 Tel: 6336 0640 Fax: 6336 0984 Email: general@rsvp.org.sg  
 Website: <http://www.rsvp.org.sg>



Title: Dr / Mr/ Mdm / Mrs / Ms *	Sex: M / F *	Marital Status: Single / Married / Divorced /Widowed *	
NRIC	Nationality: Singaporean / Singapore PR *		Race
Name (as in NRIC)+		Birth Date	
Preferred Name (if different from NRIC)			
Address		Tel (Home)	
S( )		Tel (Office)	
E-Mail	Fax	Mobile	
Employment Status: Retired / Semi-retired / Employed / Others ( )*			Pager
Do you possess any Driving License(s)? No / Yes, Class 2 / 2A / 2B / 3 / 4 / 5 *			
Languages Written		Hobbies/Interests	
Languages/Dialects Spoken			
Educational Qualifications: Primary / Secondary / College / Polytechnic / University / Others ( )*			
Profession (Last Position Held & Co.name _____)			
<input type="checkbox"/> Administration	<input type="checkbox"/> Education	<input type="checkbox"/> Homemaker	<input type="checkbox"/> Medical
<input type="checkbox"/> Business	<input type="checkbox"/> Engineering/Technical	<input type="checkbox"/> IT	<input type="checkbox"/> Sales/Marketing
<input type="checkbox"/> Community Services	<input type="checkbox"/> Financial	<input type="checkbox"/> Legal	<input type="checkbox"/> Others _____
Involvement in Voluntary Community Work/Associations/Professional Organisations (past & present)			
Voluntary Areas I am interested to contribute in			
<input type="checkbox"/> Administration	<input type="checkbox"/> Education	<input type="checkbox"/> IT	<input type="checkbox"/> Others, please specify _____
<input type="checkbox"/> Befriending	<input type="checkbox"/> Fund Raising	<input type="checkbox"/> Public Relations	_____
<input type="checkbox"/> Conduct Training	<input type="checkbox"/> Health	<input type="checkbox"/> Rehabilitation	
Targeted audience I am interested to reach out to			
<input type="checkbox"/> Children	<input type="checkbox"/> Seniors	<input type="checkbox"/> Others, please specify _____	
<input type="checkbox"/> Family	<input type="checkbox"/> Youth	_____	
<input type="checkbox"/> Disadvantaged	<input type="checkbox"/> No preference		
Undertaking: If my application is approved, I undertake to participate in voluntary services organised by RSVP.			
		Signature	Date
Recommended By:		Signature	Date
For Official Use	<input type="checkbox"/> Received	<input type="checkbox"/> Briefing Session	
	<input type="checkbox"/> Database	<input type="checkbox"/> Approved	
Remarks			

\* Delete where not applicable

Revised as of: 13/12/04

+ Please underline surname

# PLEASE ATTACH A PHOTOCOPY OF YOUR NRIC TO YOUR APPLICATION. Thank you.