



RESTRICTED
and Sensitive Normal (when form is filled)

**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. ✓ Tick wherever appropriate

PART I	
Name as in NRIC (<i>in BLOCK</i>) *Dr/Mr/Mdm/Ms/Mrs/Miss	Surname (<i>in BLOCK</i>)
NRIC No.	Date of Birth (dd/mm/yy)
Singapore PR *Yes/No/NA	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Race	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Separated
Nationality	Country of Birth
Religion	Language/Dialect Written _____ Spoken _____
Highest Educational Level Attained <input type="checkbox"/> No Formal Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> GCE 'N' Level <input type="checkbox"/> GCE 'O' Level <input type="checkbox"/> ITE <input type="checkbox"/> GCE 'A' Level <input type="checkbox"/> Diploma <input type="checkbox"/> Pass Degree <input type="checkbox"/> Honours Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate	NS Status (if applicable) <input type="checkbox"/> Completed NS Cycle <input type="checkbox"/> Deferred <input type="checkbox"/> Exempted <input type="checkbox"/> Full Time <input type="checkbox"/> Reservist <input type="checkbox"/> Not Applicable
Name Of Highest Institution 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"/> HDB Studio Apartment <input type="checkbox"/> HUDC <input type="checkbox"/> Bungalow <input type="checkbox"/> Executive Condominium <input type="checkbox"/> Semi Detached/Terrace House <input type="checkbox"/> Condominium/Private Apartment <input type="checkbox"/> Shop with Accomodation <input type="checkbox"/> Others, specify _____	
PART II	
Occupation	Name of Company (please specify if you are self-employed)
Occupation Category _____	
Office Address _____	
Postal Code _____ Office Telephone No. _____	
Mail to <input type="checkbox"/> Home <input type="checkbox"/> Office	
Economic Status <input type="checkbox"/> Employed/Self-Employed <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Unemployed	
<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.	
_____ Signature of Applicant	_____ Date
FOR OFFICIAL USE	
Name of Committee _____ Position Recommended _____ Recommended by _____ Name & Designation _____ Signature & Date _____	Endorsed by _____ Signature of Adviser & Date _____

RESTRICTED
and Sensitive Normal (when form is filled)