

**SINGAPORE CHINESE GIRLS' SCHOOL
OFFER OF VOLUNTARY SERVICE TO THE SCHOOL**

Name of Volunteer : _____ NRIC No. _____

Name of Spouse: _____ NRIC No. _____

Address : _____

Telephone : _____ (H) Contact No. _____ (Self) _____ (Spouse)

Name of Child : _____ Date of Birth : _____

Citizenship : _____

Nature of Service offered *	By (self/spouse)	Qualification	Availability #

- Please be specific, e.g. specific consultancy services, etc. *
- Number of times per week/month and duration of each session. #

N.B.

While we appreciate any offers of assistance, we do, as a matter of policy, draw volunteers first from parents of students already in the school. Only when we are unable for any reason to meet our needs from this source, do we seek assistance from those outside this pool.

The school will decide the types of voluntary service that it requires.

Signature

Date : _____

Name: _____