



Archdiocesan Commission for the Pastoral Care of Migrants & Itinerant People (ACMI)
2 Highland Road #03-19 Catholic Archdiocesan Education Centre Singapore 549102
VOLUNTEER FORM



Full Name as in IC and/or Passport (underline Surname): Dr / Mr / Mrs / Ms / Mdm

Address: _____ Postal Code _____

Date of Birth (dd / mo / year): ____ / ____ / ____ NRIC/FIN/Passport No: _____

EP / WP No: _____ Expiry Date: _____

Nationality / Race: _____ Religion: _____

Marital Status: Single [] Married [] Divorced [] Separated [] Widow / er []

Contact Numbers: (Home) _____ (Hp) _____ (Office) _____

Email Address: _____ Occupation: _____

Name of Parish/Church You Belong to: _____

Do you belong to any Trade Union / Political Party / Association / Society? Yes [] No []

If yes, please specify: _____

Areas of Interest :

Befriending / Counseling [] Legal [] Publicity & Communication [] Skills Training []

Formation [] Office / Ad hoc [] Photography [] Research [] Website []

Help pack bags for workers [] Help in distribution of bags []

Other Skills: _____

Language Proficiency:

Written: English [] Malay [] Bahasa Indonesia [] Tamil [] Singhalese [] Tagalog []

Mandarin [] Vietnamese [] Thai [] Burmese [] Others []

Spoken: English [] Malay [] Bahasa Indonesia [] Tamil [] Singhalese [] Tagalog []

Mandarin [] Vietnamese [] Thai [] Burmese [] Others []

How did you come to know of ACMI? Catholic News [] Veritas website [] ACMI website []

CSCC website [] Parish bulletin [] Others [] _____

Referred by an ACMI volunteer / staff / ExCo (name) _____

I hereby certify that the information given above is true and correct.

Volunteer's Name _____

Signature & Date _____

For Official Use: Circle Programme/s Volunteer is Registered with :

Food Outreach / Training Centre / AdHoc / Befriender / Others

Date Volunteer Joined: _____ Orientation Date: _____ Date Left: _____