



EduGrow for Brighter Tomorrows

Application for Appointment as Community Mentor



CONTACT INFORMATION

Name as in NRIC (Dr/Mr/Mrs/Mdm/Ms*):	(Underline surname)		
Preferred Name to be Addressed by:			
NRIC / FIN No.*:		Nationality:	
Date of Birth:		Religion:	
Race:			
Address:			
Contact Number:	(H/O*)		(HP)
E-mail:			

*Please delete where appropriate.

MARITAL STATUS / FAMILY BACKGROUND

Single
 Married
 Separated
 Divorced
 Widowed

Name of Spouse (if applicable): _____

List the name of child(ren) below:

No	Name	Gender	Age	Occupation

TRANSPORTATION

Are you a licensed driver? Yes No

If yes, do you have your own transportation? Yes No

EDUCATIONAL BACKGROUND

Highest Education Attained

- | | | | |
|--|--|--|----------------------------------|
| <input type="checkbox"/> Primary Education | <input type="checkbox"/> Secondary Education | <input type="checkbox"/> N Level | <input type="checkbox"/> O Level |
| <input type="checkbox"/> A Level | <input type="checkbox"/> ITE | <input type="checkbox"/> Diploma | <input type="checkbox"/> Degree |
| <input type="checkbox"/> Masters | <input type="checkbox"/> PhD | <input type="checkbox"/> Others: _____ | |

Language Proficiency

Please tick (✓) where applicable

	English	Chinese	Malay	Tamil	Others:
Writing					
Reading					
Speaking					

OCCUPATIONAL BACKGROUND

Current Occupation:		Length of Service:	
Name & Address of Current Employer:			

MEDICAL HISTORY

- Have you had any serious or infectious health conditions, such as tuberculosis, in the past five years?
 Yes No (If yes, please specify: _____)
- Have you suffered from any mental health issues in the past two years?
 Yes No (If yes, please elaborate: _____)

PERSONAL INFORMATION

- How regularly do you consume alcohol?
 Never At least once a month At least once a week Everyday
- How regularly do you smoke?
 Never At least once a month At least once a week Everyday
- Have you ever taken non-medicinal drugs? Yes No

VOLUNTEER EXPERIENCE

Have you ever been a volunteer? Yes No (If 'Yes', please complete the following:)

Organisation	Volunteer Activity	Period

CONFIDENTIAL REFERENCES

Please list two non-family members you have known for at least three years:
(These references will be kept strictly confidential)

	Referee 1	Referee 2
Name:		
Designation:		
Organisation:		
Relationship:		
No. of Years Known:		
Contact No.:		
Email:		

COMMUNITY MENTOR MATCH

To help you have an enriching experience with our EduGrow child, we would like you to answer the questions below:

1. Preferred gender of child mentee (*please skip this question if you are male and volunteering alone*):
 - Male Female Either male or female

2. We would like to know what typical child temperaments you are comfortable with managing. Please tick (✓) any/all of the following that apply (you may tick more than one box):
 - a. Usually calm and steady
 - b. Shy
 - c. Easily angered
 - d. Active
 - e. Children with special needs (e.g. ADHD, Physical Disability)

3. Availability / suitability of schedule:
 - a. Weekends (Sat/Sun/Both*)
 - b. Weekdays (usually evenings)
 - c. Both

4. Please only tick (✓) one of the boxes below.
 - Generally, I prefer outdoor activities (e.g. cycling or going to the park).
 - Generally, I prefer indoor activities (e.g. going to the library or watching a movie).



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DECLARATION

Do you have a criminal record? Yes No

(If yes, please attach a letter explaining the circumstances.)

I, the undersigned, hereby declare that, I have never been:

- a. Found guilty of any offence involving child abuse or child neglect;
- b. Found guilty of any offence under the Penal Code (Cap 224); or
- c. Declared bankrupt.

I declare the information that I have given on this form is true and correct. By providing my details, I understand that the organisation may use my details for record and reference purposes, but will not disclose information to any third party without seeking my permission.

I understand that I will be disqualified from appointment, or if appointed service, will be terminated, without any notice if the said particulars are found to be untrue.

Signature

Date

Thank You!

Contact Us:

Tel: 6387 3700

Fax: 6387 3768

Email: edugrow@life-community.org

Website: www.life-community.org/edugrow