



**CONFIDENTIAL**

Please ***paste***  
***one*** photograph  
for PAssion Card

**PEOPLE'S ASSOCIATION  
VOLUNTEER REGISTRATION**

*This form may take you 5 minutes to fill in. Please submit the completed form to your nearest Community Centre/Club.*

<b>PART I</b>		
<b>NAME OF COMMITTEE</b>		
Name as in NRIC ( <i>In BLOCK and underline surname</i> ) *Dr/Mr/Mdm/Mrs/Miss		Name in Chinese Character (if applicable)
NRIC No.	Date of Birth (dd/mm/yy)	Title of National Day Award & Year Awarded (if any)
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/Separated	NS Status (if applicable) <input type="checkbox"/> Full Time <input type="checkbox"/> Reservist <input type="checkbox"/> Exempted
Nationality	Country of Birth	
Religion	Language/Dialect Written _____ Spoken _____	
Highest Educational Level Attained <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> *GCE 'N'/'O' <input type="checkbox"/> ITE <input type="checkbox"/> GCE 'A' <input type="checkbox"/> Diploma <input type="checkbox"/> Pass Degree <input type="checkbox"/> Honours Degree <input type="checkbox"/> Master's Degree <input type="checkbox"/> Doctorate		
Name of Diploma/Degree Attained _____		
Name of Polytechnic/University Attended _____		
Home Address _____		
Postal Code _____ E-mail Address _____		
Home Telephone No. _____ *Pager/Handphone No. _____		
Type of Dwelling <input type="checkbox"/> HDB ____ - Room <input type="checkbox"/> HDB Executive <input type="checkbox"/> HUDC <input type="checkbox"/> Bungalow <input type="checkbox"/> Semi Detached/Terrace <input type="checkbox"/> Condominium/Private Apartment Others, specify _____		
<b>PART II</b>		
Occupation	Name of *Employer/Company (please specify if you are self-employed)	
Workplace Address _____		
Postal Code _____ Workplace Telephone No. _____ Fax No. _____		
_____ Signature of Applicant		_____ Date
<b>FOR OFFICIAL USE</b>		
Position Recommended _____		Endorsed by _____
Recommended by _____ Name & Designation _____ Signature & Date _____		_____ Signature of Adviser & Date

\*Delete as necessary    ✓ Tick wherever appropriate

PA/FS/01/2005