



VOLUNTEER REGISTRATION FORM

A. VOLUNTEER'S INFORMATION			
Full Name			
Church		Age	
Mobile No.		Gender	Male / Female
Email Address			
T-Shirt Size	34 / 36 / 38 / 40 / 42 / 44 / 46 / 48		
Host & Supervision By Outpost	1 / 5 / 7 / 11 / 12 / 19 / 20 / 21 / 22 / 23 / 24 / 25		

B. AVAILABILITY				
Please indicate the date, time and type of volunteer service below.				
Date of Service	07 Dec	08 Dec	09 Dec	10 Dec
Games (outdoor)	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	NA
Games (indoor)	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	NA
Games (RK)	NA	NA	<input type="checkbox"/> 9am - 5pm	NA
Log & Merchandise	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn
Food & Beverage	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm	<input type="checkbox"/> 9am -12nn
Security	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm <input type="checkbox"/> 7pm - 11pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm <input type="checkbox"/> 7pm - 11pm	<input type="checkbox"/> 9am -12nn <input type="checkbox"/> 2pm - 6pm <input type="checkbox"/> 7pm - 11pm	<input type="checkbox"/> 9am -12nn
PA System	<input type="checkbox"/> 7pm - 11pm	<input type="checkbox"/> 7pm - 11pm	<input type="checkbox"/> 7pm - 11pm	

Volunteer Requirement				
Please indicate the respective meals and overnight accommodation required, if any.				
Meals	<input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch <input type="checkbox"/> Dinner	<input type="checkbox"/> Breakfast <input type="checkbox"/> Lunch
Accommodation (No Mattress)	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	<input type="checkbox"/> Overnight	

C. MEDICAL HEALTH DECLARATION

Volunteers need to be in a clean slate of health and any medical history or condition must be indicated by each applicant for participation at the Singapore Camporama 2016. The National Royal Rangers Office has the prerogative to accept or reject any person based upon volunteer's medical health. **Please tick if you have any of the following conditions:**

<input type="checkbox"/> Asthma	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Fainting Spells
<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Others:

D. VOLUNTEER DECLARATION

My signature acknowledges that I have truthfully abided by the requirements as stated on this Application form. My signature verifies I am aged 19 or older by 31 December, 2016, and that I have received my pastor's or an outpost senior commander's signature as stated on this Application form. My signature also indicates my permission to abide by the Singapore Royal Rangers instructions, rules and regulations while at Camporama. I also consent to the collection, usage and processing of personal information including photographs, video/film recording, sound recording and other contact information relating to my child/ward for the use of record, promotional and publicity activities (print & social media).

Signature	Date

E. FOR VOLUNTEERS UNDER 21 YEARS OLD

The signature of a parent or legal guardian is required for a youth volunteer to attend the 8th Singapore Camporama on 07 Dec – 10 Dec, 2016. The parent's or legal guardian's signature below indicates acknowledgment of volunteer's participation in the event and indemnifies the Camp, Organization and churches any injuries, mishaps or unforeseen circumstances that occur.

Signature	Name of Parent	Relationship	Date

F. PASTOR / OUTPOST SENIOR COMMANDER CERTIFICATION FOR VOLUNTEER

I am personally acquainted with the volunteer applicant, and in my opinion he/she is a competent and qualified volunteer. I know of no facts or allegations that raise any questions concerning his/her suitability for working with minors in the Royal Rangers Camporama. The church/outpost has on record the applicant's form and agrees to vouch for the volunteer.

Signature	Name of Pastor/ SC	Church Name	Date