



HORTPARK & THE SOUTHERN RIDGES APPLICATION FORM (GROUPS)

Date:

I. APPLICANT PARTICULARS

Name of Organization:			
Name of Contact Person: (Title: Dr / Mr / Mrs / Miss / Ms)			Designation:
	Date of Birth:	Sex: Male / Female	
Email:	Office Telephone no.:	Mobile no.:	Pager no.:
APPLICANT PARTICULARS (Secondary Contact)			
Name of Contact Person: (Title: Dr / Mr / Mrs / Miss / Ms)			Designation:
NRIC no.:	Date of Birth:	Sex: Male / Female	
Email:	Office Telephone no.:	Mobile no.:	Pager no.:

II. NAMES OF PARTICIPANTS

S/No.	Name	Contact No.	Email address
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			



III. AVAILABILITY AND AREAS OF INTEREST

Please tick at least one activity from each category. Double-click on the checkboxes to select the activity.

Availability

- Weekdays
- Weekends
- Others: (please specify period available) _____

General Volunteer Activities

- Major events and activities (e.g. Gardeners' Day Out, other events, etc)
- Horticulture-related activities
- CIP/CSR (please indicate date/time/type of activity) _____
- Others (please specify) _____

IV. Declaration and Indemnity

Volunteers are to be fully aware of the dangers and risks that might occur in the voluntary services and activities and will not in anyway hold the Government or the management of HortPark & the Southern Ridges and National Parks Board responsible for any liability, loss, damage, expense and cost, which the volunteers may sustain, incur or receive as a result of such services and activities.

- I have read and agreed to the above terms.

Signature & Date