



VOLUNTEER REGISTRATION FORM

EMERGENCY CONTACT DETAILS

Name : _____

Relationship : _____

Contact No : _____ (R) _____ (O) _____ (M)

I hereby declare that all the entries in this volunteer registration form are true and correct. I authorize the Muslim Converts' Association of Singapore (MCAS) to disclose my personal information to its employees for administration and record purposes. I further authorize MCAS to send me communications relating to services, events, promotions or newsletters via electronic mail, mobile phone text messages and/or mailers. MCAS represent to, warrant and undertake that collective consents have been obtained allowing MCAS to collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in MCAS Personal Data Protection Policy available on our website.

Signature of Applicant & Date

For Official Use		
Verified on:	Verified by:	Remarks: