



# SINGAPORE SOKA ASSOCIATION

Youth Expedition Project 2019

## Application Form

### *Personal Particulars*

(Mr / Ms)		姓名		Affix recent passport size colour photo here
Name (As in passport and underline surname)				
Nationality				
(Please indicate if you are a Singapore PR)				
Gender	Race	Blood Group		
Date of Birth	Occupation			
Highest Academic Qualification		If Student, Name of Institution / Year of Study		
Any Drug Allergy / Relevant Medical History		Language Proficiency (written / spoken)		
Past Expedition Experience Yes / No If yes, name expedition (yr)		Relevant Special Skills		
Passport No	Place of Issue	Date of Issue	Date of Expiry	
Home Address				
Tel (R)	Tel (O)	Tel (HP)	Email	
<b><i>Organisational Information (if applicable)</i></b>				
RHQ	Zone	Chapter	District	
Division	Position	Length of Practice	Special Group	
<b><i>Next-of-kin Information</i></b>				
Name of Next-of-kin		Relationship		
Address of Next-of-kin				
Tel (R)	Tel (O)	Tel (HP)	Email	
<b><i>More About Yourself</i></b>				
Hobbies		Interests (in any particular areas)		
Skills (Other Special Skills)				
Remarks				

Upon completion, please email to: [jihyang@ssabuddhist.org](mailto:jihyang@ssabuddhist.org); or submit it to: Singapore Soka Association (10 Tampines Street 81, Singapore 529014) (Attn: Mr Lim Jih Yang) **before 24 Feb 2019**.

Form updated on 9 Feb 2019

## Criteria of Application

- All ethnic groups are welcome
- 18 to 35 years old
- Medically fit with no pre-existing conditions
- Physically fit
- Able to commit at least 15 days of overseas expedition project (tentatively 19 May to 2 June 2019)

## Submission of Application Form

- Submission of application form closes on 24 Feb 2019
- All submitted forms would be kept in strict confidence.
- Please email the completed application form in word document file format to [jihyang@ssabuddhist.org](mailto:jihyang@ssabuddhist.org). The application form can be downloaded at [www.ssabuddhist.org](http://www.ssabuddhist.org). **OR** submit the completed application form to

Singapore Soka Association  
10 Tampines Street 81.  
Singapore 529014  
Attention: Mr Lim Jih Yang

- Please note that incomplete application forms may compromise one's application.
- Short-listed candidates will undergo further selection through interviews by the panelists.

### *MEDICAL CONDITION*

Please state CLEARLY any past/current injury/medical condition(s)

### *Declaration*

**I have read and fully understood the conditions stated below.**

1. **I am in good health and physically fit.**
2. **In the event of an accident or emergency, I permit the event organizer to seek treatment for myself and I shall bear all medical expenses and related costs.**
3. **I will not hold the Association liable in the event of any injury sustained as a result of my participation.**
4. **I understand that my application will be subject to a selection process by the organising committee.**
5. **I consent to disclose the above-stated information to Singapore Soka Association to facilitate my participation in this event; and I agree to the organising committee's use of this information for the purpose of the event's management and operation.**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_