



**PARENT SUPPORT GROUP (PSG@VJC)
2018 RECRUITMENT FORM**

Name of Child: Class:

Parent's Name: Sex: M / F
(If you have a name card, please attach it to this completed form.)

Home Address:

Home Tel: Office Tel: HP:

Email address:

Occupation / Profession:

Please indicate the areas in which you are interested in helping the Parent Support Group in the table below. You may choose more than one area of interest. If you have certain expertise or resources which you would be able to share with the PSG and the college, please also indicate under item 8 below.

If you have any queries, please feel free to contact **Mrs Toh Chin Ling** (teacher coordinator) at **64485011** or email her at leong.chinling@vjc.sg. You may also contact **Mdm Winy Quek** (PSG Chairperson) at **97599326** or winyquek23@gmail.com to seek clarification. More information is available at the following website: <http://vjcpsg.com>.

S/N	Activity	Description	Please tick (✓) if interested
1	Executive Committee	<ul style="list-style-type: none"> Plan and coordinate activities Attend monthly meeting 	
2	Parenting Workshop	<ul style="list-style-type: none"> Plan and facilitate workshop for parents Speaker for parenting seminar 	
3	Student Enrichment Programme	<ul style="list-style-type: none"> Conduct workshop for students (e.g. interview skills) Speaker for enrichment programme (e.g. careers fair / leadership camp) 	

S/N	Activity	Description	Please tick (✓) if interested
4	Job Attachment	<ul style="list-style-type: none"> Secure job experience opportunities for students during school vacation 	
5	Fund-Raising	<ul style="list-style-type: none"> Raise funds for students 	
6	College Functions / Adhoc Events	<ul style="list-style-type: none"> Man PSG booth Share parenting tips Photographer for events 	
7	PSG Website	<ul style="list-style-type: none"> Maintain PSG website 	
8	Any Other Area(s) (e.g. emcee for parenting seminar)	<ul style="list-style-type: none"> Please indicate below if you are able to contribute in other areas (not indicated above): <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>	

Name of parent:

Date:

Signature:

Please submit the completed form at the **Admin Office** or fax it to **Mrs Toh Chin Ling** (teacher coordinator) at **6 443 8337**.

Thank you.