

Thye Hua Kwan Moral Charities Volunteer Application Form



PREFIX (Please circle as appropriate): Dr / Mr / Mrs / Mdm / Ms

FULL NAME (As per NRIC; Please underline your SURNAME):

GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female	DATE OF BIRTH: (DD/MM/YYYY) _ _ / _ _ / _ _ _ _	HIGHEST EDUCATIONAL LEVEL: <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> ITE <input type="checkbox"/> College <input type="checkbox"/> Polytechnic <input type="checkbox"/> University <input type="checkbox"/> Others (Please state): _____
RACE:	MARITAL STATUS	
RELIGION:	<input type="checkbox"/> Single	
NATIONALITY:	<input type="checkbox"/> Married	
	<input type="checkbox"/> Others (Please state) _____	
MAILING ADDRESS (This will help us find a THK MC Centre nearest to your home): _____		
EMAIL:		CONTACT NUMBER:
EMPLOYMENT STATUS:		
<input type="checkbox"/> Student	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Retired		
PROFESSIONAL EXPERIENCE: _____		
ANY KNOWN MEDICAL CONDITIONS: <input type="checkbox"/> No	<input type="checkbox"/> Yes (Any medical and/ or physical conditions and or any history of psychiatric/ psychological disorders. Please elaborate, if applicable): _____	
EMERGENCY CONTACT PERSON:	NAME:	
	CONTACT NUMBER:	RELATIONSHIP:
	ADDRESS (If different from your mailing address): _____	

Thye Hua Kwan Moral Charities Volunteer Application Form

LANGUAGE PROFICIENCY:	SPOKEN: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Hindi <input type="checkbox"/> Hokkien <input type="checkbox"/> Cantonese <input type="checkbox"/> Teochew <input type="checkbox"/> Hakka <input type="checkbox"/> Others (Please state) _____	WRITTEN: <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Malay <input type="checkbox"/> Tamil <input type="checkbox"/> Others (Please state) _____					
DO YOU HAVE PRIOR EXPERIENCE CARING FOR OR WORKING WITH: <input type="checkbox"/> Children/Youth <input type="checkbox"/> Elderly <input type="checkbox"/> Family <input type="checkbox"/> Persons with Disabilities <input type="checkbox"/> No <input type="checkbox"/> Yes (Please elaborate): _____							
COMMITMENT (How often would you like to volunteer with THKMC ?): <input type="checkbox"/> Ad hoc basis <input type="checkbox"/> Weekly basis <input type="checkbox"/> Monthly basis <input type="checkbox"/> Others (Please state): _____							
AVAILABILITY:							
TIME/DAY	MON	TUES	WED	THURS	FRI	SAT	SUN
MORNING (9am – 12nn)							
AFTERNOON (12nn – 4pm)							
EVENING (4pm onwards)							
HOW DID YOU LEARN ABOUT THE VOLUNTEERING OPPORTUNITIES AT THKMC?	<input type="checkbox"/> Family <input type="checkbox"/> Friends <input type="checkbox"/> THKMC volunteers <input type="checkbox"/> THKMC staff <input type="checkbox"/> Publications <input type="checkbox"/> Social Media <input type="checkbox"/> THKMC Website <input type="checkbox"/> Others (Please state): _____						

Thye Hua Kwan Moral Charities Volunteer Application Form

BEFRIENDERS FOR SENIORS

If you wish to sign up as a befriender, please complete the following section. Otherwise, please proceed to the rest of the sections.

Select the area(s) which you would like to begin your befriending experience from the list below.

- Bedok
- Toa Payoh Lor 6, 7, 8 / Central
- Ang Mo Kio Ave 5, 6, 8 ,9 / Central
- Beo Crescent
- Boon Lay Place/Boon Lay Drive
- Taman Jurong/ Tah Ching Rd/ Yuan Ching Rd/ Kang Ching Rd
- Telok Blangah Crescent Rise/Crescent/Rise
- Indus
- Henderson
- Bukit Merah View
- Redhill Road/Close

Thye Hua Kwan Moral Charities Volunteer Application Form

(1) PERSONAL DATA PROTECTION ACT (PDPA): CONSENT

Your consent is required for **THKMC** personnel to access your personal data for the following purposes:

- Official correspondence between **THKMC** and volunteer, including updates on volunteering activities at **THKMC**.
- Assessing suitability of volunteer applicants.
- Building a consolidated electronic volunteer database.
- Facilitating our various volunteer support programmes in which you participate in.
- Managing relationships with you, including sending **THKMC** newsletters, greeting cards and invitations.
- Submission to Government bodies and other agencies related to volunteerism for their information and awards.
- And all other purposes reasonably related to those mentioned above.

Photographs and/ or videos may also be captured during activities involving your volunteer service, for the purpose of **THKMC** records and publications, such as annual reports, newsletters, posters and other collaterals or digital mediums, such as the organisation's website and social media accounts, such as Facebook and Instagram.

(2) Optional:

I agree to give my consent for mention of my participation and use of photos/ videos of the programme as publicity content for prints, electronic and social media communication by **THKMC**.

- YES
- NO

By signing this form, I hereby consent to the items listed (1), and I understand that item (2) is optional.

Name and Signature of Volunteer Applicant

Date

(3) DECLARATION

By signing this form,

- I agree to abide by the volunteers' code of conduct and rules and regulations drawn out by **THKMC**. I testify that all information given is true, and if I withhold or falsify any information or fail to comply with the **THKMC** volunteers' code of conduct and rules and regulations, **THKMC** reserves the right to terminate my volunteer service with notice.
- I agree to be contacted by **THKMC** Volunteer Management and Community Engagement Team via mail, e-mail, and phone calls/ text messages for the purposes mentioned above, and to facilitate my volunteer service.
- I agree to the collection, use, and disclosure of my personal data (for e.g., name, age, phone, e-mail address) to the relevant staff coordinators and volunteer leaders, if and where applicable, to facilitate my volunteer service.

Thye Hua Kwan Moral Charities Volunteer Application Form

- I declare that I am not a participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any institution, vendor, supplier, or other party doing business with **THKMC**, which has resulted or could result in personal benefit to me.
- I declare that I am not a recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any persons or organisation engaged in any transaction with **THKMC**.
- I am aware that any form of commercial purposes and/ or all types of direct marketing activities such as offering or advertising the availability of good, facilities or services, sending business related electronic messages through telephone, fax machines or email to beneficiaries of **THKMC** and/ or staff is strictly prohibited
- I declare that I do not have medical conditions that could affect my safety or the safety of others.

Name and Signature of Volunteer Applicant

Date

Thye Hua Kwan Moral Charities Volunteer Application Form

LETTER OF UNDERTAKING (For Confidentiality of Information)

1. I shall ensure that during my course of volunteering in Thye Hua Kwan Moral Charities (**THKMC**) and/or any of **THKMC** related volunteer programmes, I shall protect any information which I have been given access to, be it corporate or client-centred, from any use which may be deemed detrimental to the integrity of Thye Hua Kwan Moral Charities (**THKMC**). This non-disclosure, whether directly or indirectly, extends to my family members, peers, and fellow volunteers who are not authorised to access to such information.

2. I shall commit to observe the code of confidentiality as set out: (a) Refrain from copying, reproducing, extracting, translating or using information for any unofficial or unauthorised use.

(b) Will not share or communicate any information regarding my volunteer work to any external parties, such as the media, competitors, external authorities, etc., without prior approval from the Volunteer Management personnel (VE).

(c) Safeguard the integrity of all confidential information and must not remove, falsify, deface or destroy such information in any manner.

(d) Will not compromise the security of confidential information where the action may give rise to potential misuse of information by unauthorised individuals.

(e) Should I receive any information in any form or mode that was accidentally sent to me, I shall duly inform the Sender. All information received must not be in any circumstances retain, copy, reproduce, extract, forward, propagate or use in any way the information so received.

(f) In the event the official task is deem completed, I shall surrender without demand, all information, documents, and tangible items held in my possession or under my control. I shall be held liable if I destroy or remove any information or paraphernalia belonging to **THKMC** without any proper authorization, which could result in disciplinary or legal action commenced against me.

3. In the event of a breach of confidentiality, my volunteering service will be terminated. I may also face legal action in the event that **THKMC** seeks compensation for any claims, damage or losses suffered as a result of or in connection with such breach.

4. The Letter of Undertaking is deemed valid throughout the duration of my volunteering service. I acknowledge and accept that my agreement herein survives the termination or resignation of my volunteering service with the **THKMC** related establishments mentioned in this Letter of Undertaking.

5. I have read and fully understand the contents of this Letter of Undertaking. I hereby accept the terms and conditions as stated herein and confirm that I have signed this Letter of Undertaking after I have fully understood the contents herein.

Name and Signature of Volunteer Applicant

Date

Thye Hua Kwan Moral Charities Volunteer Application Form

VOLUNTEER INDEMNITY FORM

THKMC Volunteer Programme (hereinafter referred to as “the PROGRAMME”)

I, _____ (Full Name of Volunteer),
_____ (last 3 digits and alphabet of your NRIC/ FIN/ Passport No.), hereby agree that I am participating in the Programme of my own accord, without promise or expectation of compensation or benefits.

I hereby confirm that I shall release and not hold **THKMC** or any of its employees, servants or agents liable in any way whatsoever for any loss, bodily injury, mishap, accident and/ or loss of life or property arising directly or indirectly as a result of or in connection with my voluntary participation.

Any first aid or medical treatment provided to me by **THKMC** at its expense shall be discretionary and on compassionate basis only. No provision of first aid or medical treatment administered to me shall be tantamount to an admission of liability by **THKMC** for any injury that I may sustain during my voluntary participation.

I personally undertake at all times to indemnify **THKMC**, and its respective officials, servants, representatives and agents from and against all actions (including but not limited to third party actions), proceedings, liabilities, claims and damages, costs, and expenses which **THKMC** may sustain or incur by reason of or in connection with the Programme.

I fully accept with understanding the above agreement and will not hold **THKMC** and its employees responsible for any action taken at **THKMC**'s discretion without compromising my safety in any way. I am aware that I can seek legal advice or have already sought legal advice in respect of this waiver of liability before signing this document.

Name and Signature of Volunteer Applicant

Date

Thye Hua Kwan Moral Charities Volunteer Application Form

PARENT/GUARDIAN CONSENT (For volunteers below age of 21)

THKMC Volunteer Programme (hereinafter referred to as “the PROGRAMME”)

I, _____ (Full Name of *Parent/ Guardian),
_____ (*last 3 digits and alphabet of NRIC/FIN/Passport No.) hereby agree that
my *child/ward _____ (Name of *Child/ Ward),
_____ (*last 3 digits and alphabet of NRIC/BC No.) is participating in the
abovementioned Programme on a voluntary basis. I consent with this submission of the registration with
my full knowledge and approval without compromising or expecting any compensation or benefits should
any incidents arise from this participation.

I understand that the Thye Hua Kwan Moral Charities (**THKMC**) and its representatives will take all
reasonable steps to ensure and provide sufficient care and safety for each volunteer. I accept that I shall
undertake the full responsibility for my child’s/ward’s health, safety and belongings. I accept that both
THKMC and its representatives will not assume any responsibility for any injury, loss, damage or harm to
any child or to his/her property during the course of the activity, including travelling to and from the
Programme site.

I personally undertake at all times to indemnify **THKMC** and its respective officials, servants,
representatives, and agents from and against all actions (including but not limited to third party actions),
proceedings, liabilities, claims and damages, costs and expenses which **THKMC** may sustain or incur by
reason of or in connection with the Programme.

I fully understand the above agreement and will not hold **THKMC** employees responsible for any action
taken for professional emergency services performed. I also declare that my child/ ward* is medically and
mentally fit to participate in this activity. I am aware that I can seek legal advice or have already sought
legal advice in respect of this waiver of liability before signing this document.

Signature of Parent / Guardian

Date