



For Official Use Only

Serial No.:

VOLUNTEER APPLICATION FORM (志工申请表格)

APPLICANT'S PARTICULARS 个人资料		
Name As in NRIC/ Passport (名字显示在登记)	Gender (性别) <input type="checkbox"/> Male (男) <input type="checkbox"/> Female (女)	
Nationality (国际)		
Date of Birth - D/M/Y (誕生日 - 日/月/年)	Race (宗族)	
Email Address (电邮地址)	Religion (信仰)	Marital Status (身份) <input type="checkbox"/> Single (单身) <input type="checkbox"/> Married (已婚)
Home Address (住家地址)	Home Tel (住家号码)	Mobile Tel (手机号码)
Postal code (邮编)		
Occupation (职业)	Name of Company / School (公司或 学校名称)	
Interests / Hobbies (兴趣 / 爱好)	Language / Dialect (语言 / 方言)	
	Written (写) _____	
	Spoken (说) _____	
In the event of emergency, please contact (在紧急情况下, 请联系)		
Name (姓名)	Contact No. (联络号码)	Relationship (关系)
VOLUNTEERING BACKGROUND (志工背景)		
Previous Volunteer Experience (以往的志工经验) <input type="checkbox"/> Yes (有) Pls. specify _____ <input type="checkbox"/> No (无) 如有, 请说明 _____	Your Skills & Strengths (您的技能与强项)	
Volunteering Interest (服务对象) <input type="checkbox"/> SPARKS Buddy Programme (学生托管中心伙伴计划) <input type="checkbox"/> Education (Tutoring, reading etc) 教育 (补习, 阅读等) <input type="checkbox"/> Children (Educational Trip, Children Party etc) 儿童节目 (教育之旅, 儿童派对等) <input type="checkbox"/> Community (Bread distribution, house revamp etc) 社区 (派面包, 房屋翻新等) <input type="checkbox"/> Elderly Programme (Befriending, Love in Action) 老年人 (交友, 爱的行动) <input type="checkbox"/> Sports Coaching 体育教练 <input type="checkbox"/> Facilitators (Adventure, leadership camps etc) 引导员 (户外活动, 领袖营会等)	Frequency (服务频率) <input type="checkbox"/> Ad hoc (特设) <input type="checkbox"/> Regular (定期) <input type="checkbox"/> Weekly (每周) <input type="checkbox"/> Monthly (每月)	
The abovementioned information is correct and true to the best of my knowledge and understands that the approval of my application is subject to the consideration of HCC. 据我所知上述资料是正确的和真实的, 也知道申请必须得到丰收审批。		
Signature of Applicant (申请人签名)		Date (日期)



TERMS OF AGREEMENT (协议条款)

I understand that my personal data will be processed and managed in compliance with the Personal Data Protection Act 2012. By filling up and submitting this form, I am expressly consenting for Harvest Care Centre to collect, use, disclose and/or retain my personal data in the manner set forth in its Personal Data Protection Policy, which is available at <http://harvestcare.org.sg/pdf/HarvestCareCentrePDPP.pdf>

我了解丰收关怀中心 (HCC) 将会按照新加坡《个人资料保护法令》管理并妥善处理我的个人资料。填写和提交这表格即表示我明确同意依照 HCC 个人资料保护政策所列出的方式收集、使用、披露和/或保管我的个人资料。我知道我能够在以下的网址阅读 HCC 的个人资料保护政策:

<http://harvestcare.org.sg/pdf/HarvestCareCentrePDPP.pdf>

Signature of Applicant (申请人签名)

Date (日期)

CONSENT OF PARENT/LEGAL GUARDIAN OF VOLUNTEER WHO IS BELOW 16 YEARS OF AGE (16岁以下的志工 - 父母/法定监护人的同意)

I hereby allow my son/daughter/ward* to be a volunteer of Harvest Care Centre.

我允许我的*孩子/守护人成为丰收关怀中心的志工。

I hereby irrevocably undertake that I shall not, to the fullest extent permitted by the laws of Singapore, hold Harvest Care Centre, its staff, officers, or any of its authorized agents responsible for any damage to or loss of property or any injury or loss of life which may be sustained by my *child/ward during the his involvement or arising from any cause in connection with the involvement where such damage to or loss of property or any injury or loss of life is not caused by the negligence of Harvest Care Centre, its staff, officers, or any of its authorized agents.

我在此不可撤销地承诺, 我不会, 由新加坡法律允许的最大范围内, 持丰收关怀中心, 工作人员, 管理人员, 或任何授权代理商承担我*孩子/守护人因参与或任何有关参与的。若伤害, 损害, 财产或生命损失不因丰收关怀中心, 工作人员, 管理人员, 或任何授权代理商疏忽而造成的。

Parent's / Guardian's Name (家长/监护人姓名)

: _____

Parent's Guardian's Contact No.(家长/监护人联络号码):

: _____

Signature of Parents / Guardian (家长/监护人签名)

Date (日期)