

VOLUNTEER REGISTRATION FORM 义工报名表格

Please	Affix
Photo	Here

Personal Particulars 个人资料

i ersonari arti	iculai 3 /\	<u> </u>								
Name (as in NRIC/Passport):						中文名字:				
姓名(如同身份证/	护照):									
NRIC / FIN / Passport No:			Date of Birth 出生日期: (dd/mm/yyyy)		Gender 性别:					
身份证 / 护照号码:					11117					
						□ Male	男 口	Female 女		
Education Level 教育程度:					Contact Numbers 联络号码:					
□ Primary 小 st	Primary 小学									
□ Secondary 中学					(Home) (住家)					
□ Tertiary 理工学院、大学文凭					(HP) (手机)					
□ Others 其他	(please state)			_				, ()		
Mailing Address I	郵奇地址:									
							C /	`		
							S()		
Email Address: 电邮										
Language Proficiency: ☐ English 英语					□ Malay 马来语					
精通语言 □ Chinese 华语					□ Tamil 淡迷尔语					
Occupation:										
职业										
What are your preferred slots? 您的理想时间与日期?										
Days available 最方便的日期	☐ Monday	星期一	□ Tuesday 星期二	□ V	Vednesday	星期三	☐ Thurs	day 星期四		
	□ Friday 星	期五	□ Saturday 星期六		Sunday 星期	目				
Time Available	☐ Morning	 上午	□ Afternoon 下午							
最方便的时间										
Special Skills /	☐ Admin w	nin work 行政			Photographer 摄影师					
Interests:	☐ Gardenin	ırdening 种植、园艺			First Aider 急救人员					
特殊的手艺、	☐ Handicra	dicraft (Art, etc) 手工艺			Tailor 裁缝师					
兴趣	☐ Befriendi	ending 联谊			Driver 司机					
	□ Others 其他 (please state 请注)									

Do you have a preferred center to volunteer your services? 您可有自己喜欢服务的中心? If yes, which centre (please tick $\sqrt{\ }$) 如有,请在以下打 √ Metta Welfare Association Arts @Metta 慈光福利协会 慈光展艺 Location 地点: Simei 四美 Location 地点: Simei 四美 Metta Hospice Care Metta PreSchool @Simei 慈光安宁居家护理中心 慈光幼儿园@四美 Location 地点: Simei 四美/ East Region 东部 Location 地点: Simei 四美 Metta Day Rehabilitation Centre for the Elderly Metta PreSchool @Punggol 慈光乐龄日间康复中心 慈光幼儿园@榜鹅 Location 地点: Tampines 淡滨尼 Location 地点: Punggol 榜鹅 Metta Day Activity Centre for the Intellectually Metta Home for the Disabled and Metta Home Disabled Day Activity Centre 慈光智障日间活动中心(后港) 慈光乐陶苑及慈光智障日间活动中心(兀兰) Location 地点: Hougang 后港 Location 地点: Woodlands 兀兰 Declaration 注名: I declare that the above information provided is true and correct. 我肯定以上提供的资料全属真实和正确的。 I undertake to treat all information obtained about Metta Welfare Association (MWA) (including personal data, photos & videos of MWA's clients and/or events etc) as confidential and will not collect, use, disclose or share with others without the prior permission of MWA during or after my engagement with MWA. 我承诺把获得关于慈光福利协会(慈光)的所有资料 (包括个人资料、客户和/或事件等的照片和录影)保密,并不会在参与慈光期间或之后,在没有慈光的事先许可前收集、 使用、披露或与他人分享。 I fully understand that volunteers' photographs and video footages may be disclosed, used or shared among MWA for the purposes of fund-raising, acknowledgements, promotions, public relations & publicity. 我完全理解志愿者的照片和录 影可能会在慈光以募捐、致谢、促销、公关和宣传之下被披露、使用或共享。 The contact information that I have provided will be utilised for the purposes of issuance of receipts and inclusion into MWA's database for updates on MWA's various charity events and community welfare initiatives. 我所提供的联系资料将 用于收据发行和收集在慈光数据库内,並使用于慈光的各项慈善和社会公益活动。 To understand how MWA collects and use your personal data and the measure MWA takes to protect the information, please review MWA's updated Privacy Policy on MWA's website...请查阅慈光网站最新的隐私政策以了解我们如何收集与 使用你的个人资料以及保护措施。 I understand that Metta Welfare Association shall not be held liable for any form of accident, loss, claim or damage suffered during any event/activity organized within or outside its premises. 我了解慈光利协会在我所参与的任何活动与项 目时,无须对我的损失或意外,作出任何赔偿与负责。 □ Opt-in to receive updated news, mailers and SMS from Metta Welfare Association. 选择接收慈光福利协会最新的信 息、邮寄与短信。 Signature: Date of Application: Please return the completed form to Community Partnership Department, Metta Building (3rd level). Thank you. 请将填妥表格交到慈光福利协会(三楼), 社群协作策划部。谢谢您。 For Official Use 只供内务使用: Approved Centre Assigned: Pending Reasons: Rejected Reasons: Name of Interviewer: Signature: Date of Interview: