

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 ✓) 如有, 请在以下打 ✓

- | | |
|---|--|
| <input type="checkbox"/> Metta Welfare Association
慈光福利协会
Location 地点: Simei 四美 | <input type="checkbox"/> Arts @Metta
慈光展艺
Location 地点: Simei 四美 |
| <input type="checkbox"/> Metta Hospice Care
慈光安宁居家护理中心
Location 地点: Simei 四美/ East Region 东部 | <input type="checkbox"/> Metta PreSchool @Simei
慈光幼儿园@四美
Location 地点: Simei 四美 |
| <input type="checkbox"/> Metta Day Rehabilitation Centre for the Elderly
慈光乐龄日间康复中心
Location 地点: Tampines 淡滨尼 | <input type="checkbox"/> Metta PreSchool @Punggol
慈光幼儿园@榜鹅
Location 地点: Punggol 榜鹅 |
| <input type="checkbox"/> Metta Day Activity Centre for the Intellectually Disabled
慈光智障日间活动中心(后港)
Location 地点: Hougang 后港 | <input type="checkbox"/> Metta Home for the Disabled and Metta Home Day Activity Centre
慈光乐陶苑及慈光智障日间活动中心(兀兰)
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. 我了解慈光福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:

<input type="checkbox"/> Approved	Centre Assigned:
<input type="checkbox"/> Pending	Reasons:
<input type="checkbox"/> Rejected	Reasons:

Name of Interviewer: _____

Signature: _____

Date of Interview: _____