



仁慈医院及医护中心 Ren Ci Hospital & Medicare Centre

Volunteer Application Form 仁慈义工表格

PERSONAL PARTICULARS

Full Name 姓名 As in NRIC (Mr / Mrs / Ms / Mdm / Dr):		Chinese Characters (if available) 中文姓名:	
Date of birth 生日:		NRIC/Passport 身份证/护照号码:	Nationality 国籍:
Sex 性别:	Home Address 地址:		Do you have a driving license? 您有驾照吗? Yes 有 (Class:) * / No 没有
Marital Status 婚姻状况			*Do you own a car? 您是否拥有一辆汽车? Yes 有 / No 没有
Home Tel 住家电话:		HP 手机:	Office Tel 公司电话:
Fax 传真:			
Email 电邮地址:			
Occupation 职业:			
<input type="checkbox"/> Employed 就业	<input type="checkbox"/> Self-Employed 自雇人士	<input type="checkbox"/> Retired 退休人士	<input type="checkbox"/> Housewife 家庭主妇
Nature of Job 详述工作职业 _____	Nature of Job 详述工作职业 _____	<input type="checkbox"/> Student 学生	<input type="checkbox"/> Others 其他
Name of Company 公司 _____	Name of Company 公司 _____	Name of School 学校 _____	
Religion 宗教			
<input type="checkbox"/> Buddhist 佛教	<input type="checkbox"/> Taoist 道教	<input type="checkbox"/> Christian 基督教	<input type="checkbox"/> Muslim 回教
<input type="checkbox"/> Hindu 兴度教	<input type="checkbox"/> Free thinker 无宗教信仰	<input type="checkbox"/> Others 其他 _____	
Languages/dialects spoken 语言能力			
<input type="checkbox"/> English 英文	<input type="checkbox"/> Mandarin 华语	<input type="checkbox"/> Malay 马来语	<input type="checkbox"/> Tamil 淡米尔语
<input type="checkbox"/> Cantonese 广东	<input type="checkbox"/> Hokkien 福建	<input type="checkbox"/> Teochew 潮洲	<input type="checkbox"/> Hainanese 海南
<input type="checkbox"/> Khek 客家	<input type="checkbox"/> Others 其他 _____		
Areas of Service Interest 义务兴趣:			
<input type="checkbox"/> 1. Art & Craft 手工	<input type="checkbox"/> 7. Outings 户外活动		
<input type="checkbox"/> 2. Befriending 交友	<input type="checkbox"/> 8. Entertainment 娱乐活动 (E.g. Karaoke 卡拉 OK)		
<input type="checkbox"/> 3. Housekeeping 家政	<input type="checkbox"/> 9. Assisting Occupational & Physiotherapy 协助治疗师		
<input type="checkbox"/> 4. Haircut Service 理发	<input type="checkbox"/> 10. Exercise 运动		
<input type="checkbox"/> 5. Newsletter/Clerical 文员工作	<input type="checkbox"/> 11. Cooking 煮食		
<input type="checkbox"/> 6. Sewing 裁缝	<input type="checkbox"/> 12. Fund Raising Activities 筹款活动		



I can volunteer my service on 我能参与义工活动的时间:

- | | |
|--|--|
| <input type="checkbox"/> Monday 星期一 | <input type="checkbox"/> Morning 上午 |
| <input type="checkbox"/> Tuesday 星期二 | <input type="checkbox"/> Afternoon 下午 |
| <input type="checkbox"/> Wednesday 星期三 | <input type="checkbox"/> Entire Day 整天 (9.30am – 5.30pm) |
| <input type="checkbox"/> Thursday 星期四 | |
| <input type="checkbox"/> Friday 星期五 | |
| <input type="checkbox"/> Saturday 星期六 | |
| <input type="checkbox"/> Sunday 星期日 | |

How did you hear about us? 您是通过什么途径知道我们的?

Do you have any friends, relatives or acquaintances working/volunteering in Ren Ci? If yes, please state name and relationship. 您是否有亲戚或朋友在仁慈做义工或任职吗? 如果有, 请写出他们的名字以及与您的关系。

Have you been, or are you suffering from any physical impairment or disease? If yes, please elaborate. 你是否曾经受过身体某方面的缺陷或者是其他疾病呢? 如果有的话, 请详细描述一下。

Are you a volunteer with another Voluntary Welfare Organisation? If yes, please specify name of group/organisation. What experience(s) do you have and what projects were you involved in? 您是否在另外一家福利机构任职义工呢? 如果有的话, 请写明那家机构的名称以及您的经历和您所参与的项目。

Share with us your motivation, abilities and personalities you believe could help you be a volunteer. 请与我们分享一下, 是什么动力促使您成为一名义工的, 而且您相信自己哪方面的能力和个性具备做一名义工呢?

I declare that all the information I have given above is true and correct.
我声明以上所提供的资料绝对正确。

*Signature 签名

Date 日期

***Parental consent is required for those below the age of 16. Form is to be signed by a guardian with contact number next to signature.**
16岁以下的申请者, 请在双亲赞成的前提下加入义工的队伍; 填写表格时, 签名处需要监护人的名字以及联络方式。

Please note that all applications will be considered thoroughly and acceptance is subject to our need for volunteers in the differing areas of service and the applicant's suitability to our requirements.

All acceptance, rejection and task assignment decisions will be made in consideration in the best interests of our patients.

本院将会以义工所能提供的服务范围以及是否符合医院的需求为准则, 慎重考虑所有义工的申请, 本院所做出的任何决定将以病人的利益为前提。

Volunteer Screening & Interview Form

For Official Use only		
Name: _____		
Screening Action(s)	Comments	Performed by
<input type="checkbox"/> A telephone interview was conducted on _____ <input type="checkbox"/> A face-to-face interview was conducted on _____ <input type="checkbox"/> Others: (to specify in comments) _____		
The application has been accepted / rejected.		
Follow-up Action(s)	Comments	Performed by
<input type="checkbox"/> A letter of rejection / acceptance has been sent out to applicant on _____		
<input type="checkbox"/> An orientation and basic training has been conducted for accepted applicant on _____		
<input type="checkbox"/> Assigned to group: _____		
<input type="checkbox"/> Distribution of temporary name badge <input type="checkbox"/> Issued on _____ <input type="checkbox"/> Returned on _____		
<input type="checkbox"/> Distribution of the following items to confirm volunteer: <input type="checkbox"/> Volunteer Handbook - _____ <input type="checkbox"/> Volunteer Name Badge - _____ <input type="checkbox"/> Volunteer T-shirt - _____		
<input type="checkbox"/> Commencement date: _____		
<input type="checkbox"/> Date of termination: _____		

Comments / remarks:
