

**Group Volunteer Registration Form  
(Community / Corporate Partners)**

**群体义工申请表格  
(社区/企业合作伙伴)**

*Thank you for your interest in NTUC Health. Your information will be treated with strict confidentiality.*  
感谢您有意为职总保健合作社的乐龄服务。我们会严格地保密您的个人资料。

**Part A: About your Company / Organisation / School / Group**

*\*Delete where applicable*

**A 部分: 公司/组织/学校/团体资料**

*\*请删除不符合的条件*

Name of Company / Organisation / School / Group* 公司/组织/学校/团体名字*	
Address 地址	
Volunteer Group Size 义工团体人数	<i>(Please provide particulars of participants in Annex 1 when the activity is confirmed)</i> <i>(活动经过确认后, 请在附件 A 提供参与者的资料)</i>
Kindly tell us more about your Company / Organisation / School / Group 请提供更多关于您的公司/组织/学校/团体的详情	

**Part B: Coordinator**

*\*Delete where applicable*

**B 部分: 举办人**

*\*请删除不符合的条件*

Name as in NRIC/FIN 根据身份证的姓名	Mr/Ms/Mrs/Mdm/Dr* 先生/女士/医生*
NRIC / FIN Number 身份证号码	
Citizenship 国籍	Singaporean / Permanent Resident / Foreigner* (pls indicate): 新加坡公民 / 新加坡永久居民 / 外籍* (请列明):
Contact No. 联络号码	

**Part C: Purpose of Volunteering**

**D 部分: 志愿服务的目的**

Why are you interested in volunteering with us? 什么原因激发您对职总保健合作社的志愿服务有兴趣?	<i>(E.g. to serve the community, CIP, to bring joy to the elderly)</i> <i>(如:要回馈社会, 公司或学校的志愿服务计划, 为乐龄带来欢乐)</i>
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Part D: Preferred location(s) of volunteer service (please tick ✓)

G 部分: 首选的服务类别或地区 (请打勾✓)

Caring Assistance for Neighbours (CAN) Programme 邻里互助计划	Community Befriending Programme 社区之友计划	NTUC Health Active Aging Hub 职总保健活跃乐龄中心	NTUC Health Nursing Home 喜乐之家疗养院	SilverACE (Senior Activity Centre) 职总保健乐龄活动中心	Silver Circle (Day / Senior Care Centre) 银之圈乐龄护理中心	SilverCOVE (Senior Wellness Centre) 银之轩乐龄保健活动中心
<input type="checkbox"/> Bukit Merah 红山景  <input type="checkbox"/> Jurong West 裕廊西	<input type="checkbox"/> Ayer Rajah 亞逸拉惹  <input type="checkbox"/> Bukit Batok 武吉巴督  <input type="checkbox"/> Henderson-Dawson 亨德申-杜生  <input type="checkbox"/> Jurong Central 裕廊中  <input type="checkbox"/> Jurong Spring 裕泉区  <input type="checkbox"/> Marsiling 马西岭  <input type="checkbox"/> Nanyang 南洋  <input type="checkbox"/> Queenstown 女皇镇  <input type="checkbox"/> Radin Mas 拉丁马士  <input type="checkbox"/> Taman Jurong 达曼裕廊  <input type="checkbox"/> Whampoa 黄埔	<input type="checkbox"/> Kampung Admiralty 海军部村庄  <input type="checkbox"/> Jurong West 裕廊西	<input type="checkbox"/> Chai Chee 菜市  <input type="checkbox"/> Geylang East 芽笼东  <input type="checkbox"/> Jurong West 裕廊西	<input type="checkbox"/> Boon Lay 文礼  <input type="checkbox"/> Bukit Merah 惹兰红山  <input type="checkbox"/> Henderson 亨德申  <input type="checkbox"/> Lengkok Bahru 麟谷峇鲁  <input type="checkbox"/> Mount Faber 花柏山  <input type="checkbox"/> Redhill 红山  <input type="checkbox"/> Taman Jurong 达曼裕廊  <input type="checkbox"/> Telok Blangah 直落布兰雅  <input type="checkbox"/> Whampoa 黄埔	<input type="checkbox"/> Bukit Merah 红山景  <input type="checkbox"/> Ci Yuan 茨园  <input type="checkbox"/> Chai Chee 菜市  <input type="checkbox"/> Dakota Crescent 达哥打弯  <input type="checkbox"/> Fengshan 凤山  <input type="checkbox"/> Geylang East 芽笼东  <input type="checkbox"/> Heartbeat@Bedok 勿洛综合大厦  <input type="checkbox"/> Henderson 亨德申  <input type="checkbox"/> Jurong Central 裕廊中路  <input type="checkbox"/> Jurong West 裕廊西  <input type="checkbox"/> Kampung Admiralty 海军部村庄  <input type="checkbox"/> Marsiling 马西岭  <input type="checkbox"/> Punggol South 榜鹅南  <input type="checkbox"/> Pasir Ris 巴西立  <input type="checkbox"/> Serangoon Central 实龙岗中路  <input type="checkbox"/> Taman Jurong 达曼裕廊  <input type="checkbox"/> Toa Payoh 大巴窰  <input type="checkbox"/> Wisma Geylang Serai	<input type="checkbox"/> Marsiling 马西岭

I am open to any venue/services based on NTUC Health's needs  
我愿意按照职总保健合作社的需要, 在任何地区或服务类别服务

**Part E: Proposed Activities** (please attach separate write-up where necessary)

**E 部分: 服务项目计划**

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If there are no proposed plans, here are some suggested activities for consideration:

\*Specific training will be provided

如果您的公司/组织/学校/团体没有任何计划, 请考虑以下的义工活动:

\*会提供培训

<input type="checkbox"/> Assist seniors during meals 协助乐龄饮食	<input type="checkbox"/> Assist with basic medical / nursing care* 医疗陪护*	<input type="checkbox"/> Befriend seniors 与乐龄人士交朋友	<input type="checkbox"/> Carry out table-top activities (puzzles, building blocks) 举办桌面游戏活 (拼图、积木)
<input type="checkbox"/> Cook / bake / prepare meals for seniors 为乐龄人士烹饪/烘焙/ 准备餐食	<input type="checkbox"/> Conduct art & craft sessions (painting, drawing, handicraft) 进行艺术和工艺活动 (绘画、素描、手工艺)	<input type="checkbox"/> Conduct classes or workshops (language, dialects, cooking, life story scrapbooking) 举办课程或讲习班 (语言、方言、烹饪、 生活故事剪贴簿)	<input type="checkbox"/> Escort seniors for medical appointments* 护送乐龄人士到医院就 诊*
<input type="checkbox"/> Communicate with seniors on preparation of Advance Care Planning* 与乐龄人士沟通讨论 以准备预先护理计划*	<input type="checkbox"/> Gardening 园艺	<input type="checkbox"/> Grooming (haircut, pedicure, manicure) 个人卫生(理发、修 脚、修指甲)	<input type="checkbox"/> Housekeeping / flat-cleaning 家务/房屋清洁
<input type="checkbox"/> Organise game sessions / competitions (card games, Rummy-O) 组织游戏活动/比赛(纸 牌游戏、米兰骨牌)	<input type="checkbox"/> Music therapy (percussion, instrumental) 音乐理疗 (打击乐、器 乐)	<input type="checkbox"/> Organise events (sing-along sessions, karaoke competitions, celebrations, etc) 举办中心活动 (歌 会、卡拉 OK 比赛、 庆祝活动)	<input type="checkbox"/> Organise outings 举办郊外活动
<input type="checkbox"/> Teach simple exercises 教导简单的运动	<input type="checkbox"/> Others (Please specify): 其他 (请阐述):		

**Part F: Availability**

**F 部分: 志愿服务细节**

Preferred volunteering **commitment** (please tick ✓) 理想的服务期间 (请打勾✓)

<input type="checkbox"/> 1 month 一个月	<input type="checkbox"/> 3 months 三个月	<input type="checkbox"/> 1 year 一年	<input type="checkbox"/> Indefinite 非决定性的期间
<input type="checkbox"/> 2 months 两个月	<input type="checkbox"/> 6 months 六个月	<input type="checkbox"/> 2 years 两年	Exploratory period of: (weeks / months*) 暂时性: (星期 / 月*)

Preferred volunteering **frequency** (please tick ✓): 理想的服务次数 (请打勾✓):

Once every: (please circle) 每_____一次: (请选择一项)	1 week / 2 weeks / 1 month / 2 months / 3 months / 4 months / 6 months / 12 months / Others: 一个星期 / 两个星期 / 一个月 / 两个月 / 三个月 / 四个月 / 六个月 / 一年 / 其他 _____
Available From (DD/MM/YYYY) 开始服务 (日/月/年份)	

Preferred **day / time** I will be available to volunteer: (please tick ✓) 理想的服务日期 / 时间 (请打勾✓):

	Monday 星期一	Tuesday 星期二	Wednesday 星期三	Thursday 星期四	Friday 星期五	Saturday 星期六	Sunday 星期日
AM 上午							
PM 下午							

**Part G: How did you hear about us? (please tick ✓)**

**G 部分: 您如何得知职总保健合作社 (请打勾✓)**

<input type="checkbox"/> Related to Senior Client / Resident 与客户有关系	<input type="checkbox"/> Family / Relatives 从家人/亲戚得知	<input type="checkbox"/> Colleagues / Friends 从同事/朋友得知
<input type="checkbox"/> NTUC Health Website 职总保健合作社网络	<input type="checkbox"/> NTUC Health Facebook 职总保健合作社面簿	Others (please specify): 其他 _____

**Part H: Comments / Questions**

**H 部分: 意见 / 问题**

**Part I: Declaration, Understanding and Agreement**

**I 部分: 声明, 了解及同意**

On behalf of my group:  
身为公司/组织/学校/团体代表:

1. I declare that the information given in this application form is true and complete. I understand that if I have given any misleading information on this form or made any omissions on purpose pertaining to the organisation or any member of my group, this will be sufficient grounds for terminating our group's role as a corporate volunteer with NTUC Health.

本人在此声明, 提供于本申请表格内之资料全属真实且完整。本人理解, 若本人于本表格内提供任何误导性的机构或团员资料, 或刻意遗漏细节, 其将可成为解除本公司/组织/学校/团体在职总保健合作社所属的义工身份之依据。

2. I hereby give my consent to NTUC Health Co-operative Limited to collect, use and disclose the personal data of the members of my group, for the purposes of the administration of this application and volunteer activities, in accordance with the Personal Data Protection Act and NTUC Health's privacy policy (available at our website <http://ntuhealth.sg/privacy-policy-2/>).

依照个人资料保护条例规定及职总保健合作社的私隐政策 (可在我们的网站找到: <http://ntuhealth.sg/privacy-policy-2/>), 本人同意在限于处理义工申请及安排活动的情况下, 让职总保健合作社收集, 应用及透露团员的资料。

**I consent / do not consent\*** to NTUC Health to collect, use and disclose personal data of members of my group, which may be published through print and digital media channels to support NTUC Health's outreach and communication objectives. I agree that withdrawal of consent from any member of my group will be conveyed in writing to the Manager, Volunteer Engagement.

本人**准许/不准许**\* 让职总保健合作社收集，应用及透露本人的团员资料。本人理解，个人资料有可能将发布至各种打印性及数码性的媒体频道，以支持职总保健合作社的推广及沟通目标。若有任何团员有意撤回准许提供资料的决定，本人同意由电邮或写信的方式将意愿传达给职总保健合作社的义工管理经理。

3. I understand and agree that photographs and video footages not officially taken by NTUC Health are not to be uploaded to any media platforms without written consent from NTUC Health.

本人理解及同意，在举办义务活动的当儿，任何不是由职总保健合作社的指定下所拍摄的照片或录影镜头，必须经过职总保健合作社的书面同意，才能上载到网路。

4. I also understand that my group's involvement in the services of NTUC Health is solely on a voluntary basis and NTUC Health will not be liable for any injuries or loss of properties/personal belongings incurred during any of the indoor and outdoor activities/programmes.

本人亦理解，为职总保健合作社做出之服务纯属义务；若在团员参与职总保健合作社任何室内或室外活动/项目中造成任何伤病或财产/个人财物上之损失，职总保健合作社均不会为其附上责任。

*\*Delete where applicable \*请删除不符合的条件*

\_\_\_\_\_  
Coordinator's Name

代表者姓名

\_\_\_\_\_  
Signature

签名

\_\_\_\_\_  
Date

日期

**Please send the completed form to us through one of the following channels:**

**表格填妥后，请邮寄至：**

Attn to:	Manager, Volunteer Engagement	Post:	NTUC Health Co-operative Limited
接受者:	义工管理经理，职总保健合作社	邮寄地址:	55 Ubi Avenue 1 #08-01 Singapore 408935
		Email	volunteer@ntuhealth.sg
		电邮地址:	

***NTUC Health respectfully reserves the right to decline the volunteering request if there are operational constraints on our part or a mismatch of objectives.***

**请注意：职总保健合作社在操作约束或目标不相成的情况下，保留权利推辞本申请。**

**For Official Use**

Facility(s)		Start Date	
Area(s) of service		End Date	
Remarks			

Name List For: 组织机构/学校/团体名称:	
Group Activity On: 团体活动举办日期/日子:	

No. 编号	Name 姓名	IC Number 身份证号码	Gender (M/F) 性别 (男/女)	Date of Birth 出生日期	Citizenship (Singaporean / PR / Foreigner) 国籍 (新加坡公民/新加坡永 久居民/其他)
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