



Behind Every Closed Door  
There's A Story To Be Told  
· · 每一扇門背後  
都藏著一段故事

## VOLUNTEER APPLICATION FORM

### PERSONAL DETAILS

Full Name (as in NRIC):  Mr  Mrs  Mdm  Miss  Dr  
\_\_\_\_\_

Gender:  Male  Female

Marital Status:  Single  Married  Others : \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Religion: \_\_\_\_\_  
dd-mm-yyyy

Nationality: \_\_\_\_\_ NRIC (last 4 alphanumeric characters): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ Postal Code: \_\_\_\_\_

Contact no...: (Home): \_\_\_\_\_ (Office): \_\_\_\_\_ (Mobile): \_\_\_\_\_

Email address: \_\_\_\_\_

Spoken Language/Dialect  English  Mandarin  Cantonese  Hokkien  Others: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Contact Person (in case of emergency): Name: \_\_\_\_\_ Contact no.: \_\_\_\_\_

Relationship: \_\_\_\_\_

### VOLUNTEER AVAILABILITY

1.1 I can volunteer  
 Weekday  Weekend

1.2 At least once a month  
 Yes  No  Other (Pls Specify): \_\_\_\_\_

2 I wish to help with the following (Please tick areas which are of your interest. You may tick more than 1):

- Major cleaning (Sun, 9am onward)  Home Maintenance Cleaning (Sun, 9am-12pm)  Weekday Joy Driver (2pm-5pm)  
 Befriending GOL (Sun, 10am-1pm)  Weekday Volunteer (2pm-5pm)

I am volunteering my services with Helping Joy Ltd and undertake to abide with the guidelines of the Centre in the assigned role for me.

### For Official Use

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

Date Joined:

Date Left:

Date Updated:

# Volunteer Waiver, Release and Indemnity Form

For and in consideration of the opportunity to participate in the volunteer program offered by Helping Joy Ltd, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for the personal injury, property damage or wrongful death occurring to it arising as a result of the activities or services which the undersigned may engage in through the volunteer opportunities offered by Helping Joy Ltd, or any activities incidental thereto, wherever or however the same may occur and for whatever period said activities or services may continue, and the undersigned does for himself/herself, his/her heirs, agents, executors, administrators and assigns hereby release, waive, discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for it, and agrees that under no circumstances will the undersigned or his/her heirs, agents, executors, administrators present any claim for personal injury, property damage or wrongful death against Helping Joy Ltd or any of their parents, subsidiaries, officers, agents, servants, or employees for any of said persons, or otherwise. **IT IS THE INTENTION OF THE UNDERSIGNED BY THIS INSTRUMENT TO EXEMPT AND RELIEVE HELPING JOY LTD FROM LIABILITY FOR PERSONAL INJURY, PROPERTY DAMAGE OR WRONGFUL DEATH CAUSED BY NEGLIGENCE.**

The undersigned, for himself/herself, his/her heirs, agents, executors, administrators agrees not to grant interviews to any media in the premises of the unit. No mention of the shelter's details such as the name of organization and address, should be given. No photograph(s) of the unit should be used for media interviews and reporting.

The undersigned, for himself/herself, his/her heirs, agents, executors, administrators agrees that in the event that any claim for personal injury, property damage or wrongful death shall be prosecuted against Helping Joy Ltd, the undersigned shall indemnify and save harmless the same from any and all claims or causes of action by whomever or wherever made or presented for personal injuries, property damage or wrongful death.

The undersigned agrees to allow Helping Joy Ltd, and sponsors of its events to use his/her name, voice, photo, and likeness for promotional purposes without any cash considerations or payments.

The undersigned acknowledges that he/she has read the foregoing and is fully aware of the legal consequences of signing this instrument.

1. I hereby agree and consent that **HELPING JOY LTD** may collect, use, disclose and process my personal information set out in my application form and/or otherwise provided by me or possessed by **HELPING JOY LTD** for one or more of the purposes as stated in **Helping Joy Ltd** Personal Data Protection Policy, which in summary includes but is not limited to the following:
  - a. Administering and/or managing my relationship with **Helping Joy Ltd**.
2. **\*\*I hereby agree and consent \_\_\_\_\_ (to sign here):  
Helping Joy Ltd may use my real life stories (testimony) including photographs, names, etc in Helping Joy Ltd website, Newsletters, Facebook page, Annual Report, Reports to government agencies and any other Helping Joy Ltd publications and media so as to inspire and gain support for the work of Helping Joy Ltd.**
3. My consent given here will override my registration on the DO NOT CALL Registry, if applicable.
4. I consent to **Helping Joy Ltd** collecting, using, disclosing and processing my personal data, to provide me with information and materials on services or events provided by **Helping Joy Ltd**.
5. My signing below, I represent and warrant that I have read, understood and agree to the terms and conditions as set out in **Helping Joy Ltd** Personal Data Protection Policy.

I have read and agreed to all the above.

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature (please sign above line)

Date: \_\_\_\_\_



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## AGREEMENT

In participation to the Helping Joy Ltd (HJ) Volunteer Programme, I hereby accept and acknowledge the Terms & Conditions stated below of being a HJ volunteer :-

- 1) Be regular and punctual for HJ activities
- 2) To meet task commitments and to provide sufficient notice when not available.
- 3) To act in a way that is in line with the aims and objectives of the organization and that enhances the work of the organization.
- 4) I agree and accept that HJ shall not be required to compensate me in monetary or alternatives, should I suffer any harm or loss whether directly/indirectly during my course of service. These shall include, physical harm such as illness, injury or death, harm to my reputation, or loss of or damage to personal property owned or used by me in the provision of my services.
- 5) I will not seek legal action to claim against HJ, its volunteers, staff, and/or third parties who organized project/event for any harm or loss suffered directly/indirectly by me during my term as a HJ Volunteer. I shall indemnify and hold HJ harmless against all claims/losses (including but not limited to medical expenses etc), mishaps, accidents or injuries (including death) demands/actions/ suits/proceedings/costs/expenses whatsoever in connection with loss of life, personal injury and/or damage to property, arising whether directly or indirectly, from my service as a HJ Volunteer.
- 6) I shall strictly adhere to the confidentiality of all information of HJ, its subsidiaries, its beneficiary etc.
- 7) I agree that any images and/or personal details taken in relation during my course of service shall remain as official property and in ownership of HJ. I shall bear all liability if I choose to reproduce, disseminate, distribute, publish, broadcast, circulate or commercially exploit them in any manner without prior consent from HJ.
- 8) I agree that images, prints and information of programmes with HJ may be used for HJ's promotional, publicity, fundraising or other purposes as HJ may deem fit. Unless otherwise specified, it is understood that any and all rights to proofs, final or sample prints, thereof shall remain the property of HJ. HJ shall not be liable for any claims on the misuse, misinterpretation or factual errors of the information used in part or whole.
- 9) HJ reserves the right to terminate my service as a HJ volunteer prematurely if:
  - Inactive for more than 6 months.
  - I am found abusing or harassing any volunteer/beneficiary I come in contact with throughout my service with HJ.
  - I solicit funds under the name of HJ for personal interest.
  - Misrepresent HJ for my personal benefit.

\_\_\_\_\_  
Signature (please sign above line)



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10) Beneficiary House Visit:

- Visit the beneficiary in at least a group of 2.
- Do not move and/or touch beneficiary's items without team leader's consent.
- I shall be sensitive and respectful to beneficiary's culture, beliefs and religion.
- I shall not make any engagements or visit beneficiary/family members without prior approval from HJ.
- Do not provide medical advice and medication administration.
- Do not release any information about beneficiary to any third parties, outsiders or media be it names or photographs without HJ consent.
- Do not promote partisan politics, religious matters to beneficiary.
- Do not give promises to beneficiary.
- Do not share my personal information (contact, address etc) to the beneficiary.
- Do not give any form of financial help or receive monetary benefits from beneficiary.

11) Door to Door Distribution of Flyers:

- Be in my HJ polo tee
- Work in pairs at all times
- Never give my contact number to the residents or share my personal information
- If the resident invite you into his/her home, decline politely

12) For all safety purpose, please take note of the following during HJ activities:

- I will observe my health, and follow safety regulations during volunteer service
- Stop all activities when I feel unsafe/injured and report to my coordinator/leader Immediately
- Avoid lifting heavy load that I cannot fit
- Inform my coordinator/leader if I am feeling unwell at any time during an activity

Name: \_\_\_\_\_

\_\_\_\_\_  
Signature (please sign above line)

Date: \_\_\_\_\_



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## **Parent / Guardian's Consent Form (Age 16 & below)**

I understand that as a volunteer with Helping Joy Ltd, my child/ward will be volunteering his/her services solely for his/her personal purpose or benefit without promise or expectation of compensation or benefits.

I understand that Helping Joy Ltd and its representatives will take all reasonable steps to provide individual care and safety for each child, but I am aware that Helping Joy Ltd and/or its staff and/or its volunteers cannot assume responsibility for any injury/death, loss, damage or harm to any child or to his/her property during the course of the activity, including travelling to and from the activity site.

I will not take any legal actions and/or claims (including but not limited to medical expenses etc) against Helping Joy Ltd and/or its staff, volunteers and all persons and/or agencies connected with the activity and shall defend and hold the same harmless from all claims and damages (personal injuries/death, mishap, etc) arising from my child/ward's participation before, during and after the activity.

In the event of an accident or illness requiring professional medical care (casts, stitches, X-ray, emergency surgery, hospital confinement, etc), I hereby authorize Helping Joy Ltd, its staff & appointed volunteers to act on my behalf in giving my permission to obtain professional medical care, if it is deemed necessary, from a licensed physician, hospital or other medical facility.

I fully understand the above agreement, and will not hold Helping Joy Ltd, its staff & appointed volunteers, medics, physician, hospital etc responsible for any action taken for the professional emergency services performed.

I also declare that my child/ward is medically and mentally fit to participate in this activity. I am aware that I can seek legal advice or have already sought legal advice, in respect of this waiver of liability before signing this document.

<b>Parent/Guardian/Next of Kin Name :</b>	<b>Signature of Parent/Guardian/Next of Kin :</b>
<b>Parent/Guardian/Next of Kin Contact No :</b>	