



NEW HOPE
COMMUNITY
SERVICES

**VOLUNTEER
APPLICATION**

NEW HOPE COMMUNITY SERVICES

Thank you for choosing to become a volunteer for New Hope. Kindly complete the form and we look forward to a fruitful partnership serving the Community.



PERSONAL DETAILS

Name: Mr Mrs Mdm Miss Dr _____

Gender: Male Female

Marital Status: Single Married Others : _____

Date of Birth: _____ Age: _____ Religion: _____
dd-mm-yyyy

Nationality: _____ NRIC/Passport No.: _____

Highest Education Background: None Primary Secondary Tertiary and Above

Current Occupation: _____

Contact Person (in case of emergency): Name: _____ Relationship: _____
Contact: _____

CONTACT INFORMATION

Address: _____
_____ Postal Code: _____

Contact Nos.: (Home): _____ (Office): _____ (Mobile): _____

Email address: _____

VOLUNTEER AVAILABILITY

1 I can volunteer

Frequency; Per Week 1 time 2 times 3 times _____ Hour(s) per session

Per Fortnight 1 time 2 times 3 times _____ Hour(s) per session

Per Month 1 time 2 times 3 times _____ Hour(s) per session

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

- Counselling Fund Raising Music & Drama Teaching Website Development
- Support Group Youth Activities Children Activities Arts & Crafts Video & Audio Editing
- Tutoring IT Support Administrative Others

I am volunteering my services with New Hope Community Services and undertake to abide with the guidelines of the Centre in the assigned role for me.

Signature Date

For Official Use

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 New Hope Community Services, 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 New Hope Community Services, 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 New Hope Community Services 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 NEW HOPE COMMUNITY SERVICES 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 New Hope Community Services, 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 New Hope Community Services, 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.

<p>1. I hereby agree and consent that NEW HOPE COMMUNITY SERVICES ("NHCS") may collect, use, disclose and process my personal information set out in my application form and/or otherwise provided by me or possessed by NHCS, for one or more of the purposes as stated in NHCS's Personal Data Protection Policy, which in summary includes but is not limited to the following:</p> <p>a. Administering and/or managing my relationship with NHCS.</p> <p>2. I agree that my personal data may/will be disclosed by NHCS to its third party organizations which may be sited outside of Singapore for one or more of the Purposes.</p> <p>3. I hereby agree and consent _____ (to sign here): NHCS may use my real life stories (testimony) including photographs, names, etc in NHCS website, Newsletters, Facebook page, Annual Report, Reports to government agencies and any other NHCS publications and media so as to inspire and gain support for the work of NHCS.</p> <p>4. My consent given here will override my registration on the DO NOT CALL Registry, if applicable.</p> <p>5. I consent to NHCS collecting, using, disclosing and processing my personal data, to provide me with information and materials on services or events provided by NHCS.</p> <p>6. My signing below, I represent and warrant that I have read, understood and agree to the terms and conditions as set out in NHCS Personal Data Protection Policy shown on www.newhopecs.org.sg</p>

I have read and agreed to all the above.

Name: _____

NRIC no.: _____

Signature (please sign above line)

Date: _____