

**演培老和尚纪念大楼 · 慈恩义工中心**  
**GRACE VOLUNTEER CENTRE @ YEN PEI BUILDING**

**义工申请表格**  
**Volunteer Application Form**

<b>PERSONAL INFORMATION 个人资料</b> Please use block letters. 请用英文正楷填写。 * Please delete accordingly. * 请删去不适宜者。			Photo 照片
Name (as in NRIC or Passport) 英文姓名 (按照身份证或护照) Mr / Mrs/ Miss / Ms / Mdm / Dr* 先生/女士/小姐/博士*			
Name in Chinese Characters (if applicable) 中文姓名			
NRIC / FIN No. 身份证号码/ 准证号码	Date of Birth 出生日期	<u>Gender 性别</u> Male 男 / Female 女	Highest Education Level 最高教育程度
<u>Nationality 国籍</u> <input type="checkbox"/> Singaporean 新加坡 <input type="checkbox"/> Others 其他	<u>Marital Status 婚姻状况</u> <input type="checkbox"/> Single 单身 <input type="checkbox"/> Married 已婚 <input type="checkbox"/> Widowed 丧偶 <input type="checkbox"/> Divorced 离婚	<u>Race 种族</u> <input type="checkbox"/> Chinese 华族 <input type="checkbox"/> Indian 印度族 <input type="checkbox"/> Malay 马来族 <input type="checkbox"/> Others 其他	<u>Religion 宗教</u> <input type="checkbox"/> Buddhism 佛教 <input type="checkbox"/> Christianity 基督教 <input type="checkbox"/> Catholicism 天主教 <input type="checkbox"/> Taoism 道教 <input type="checkbox"/> Islam 回教 <input type="checkbox"/> Others 其他
Are you currently employed? Yes /No 你目前有工作吗? 是/否		Company Name (if working) / School Name (if studying) 公司名称/学校名称	
Are you currently a student? Yes/No 你目前是一名学生吗? 是/否		Occupation 职业	
Do you currently have any chronic disease (e.g. diabetes, stroke, cancer, heart disease, asthma)? <b>Yes/ No</b> 你目前是否患有以下任何慢性疾病? <b>是/否</b> If yes, please tick <input checked="" type="checkbox"/> in the appropriate box or state your disease. 若“是”，请在适当的方格里 <input checked="" type="checkbox"/> 或注明疾病。			
<input type="checkbox"/> Diabetes 糖尿病 <input type="checkbox"/> Stroke 中风 <input type="checkbox"/> Asthma 哮喘 <input type="checkbox"/> Cancer 癌症 <input type="checkbox"/> Heart Disease 心脏病 <input type="checkbox"/> Hypertension 高血压 <input type="checkbox"/> Others 其他			
<b>MAILING ADDRESS 邮寄地址</b>			
Residential Address 住家地址			
Block 大牌 _____ Floor 楼层 _____ Unit 单位 _____ Street Name 街名 _____ _____ Postal Code 邮区号码 ( _____ )			
Home Tel 住家电话号码		Mobile Tel 手机号码	
Office Tel 办公室电话号码		Email Address 电子邮件地址	

LANGUAGE PROFICIENCY 语文能力			
<b>Spoken 口语:</b>			
<input type="checkbox"/> English 英语	<input type="checkbox"/> Mandarin 华语	<input type="checkbox"/> Malay 马来语	<input type="checkbox"/> Tamil 淡米尔语
			<input type="checkbox"/> Others 其他 _____
<b>Written 阅读与书写:</b>			
<input type="checkbox"/> English 英文	<input type="checkbox"/> Chinese 华文	<input type="checkbox"/> Malay 马来文	<input type="checkbox"/> Tamil 淡米尔文
			<input type="checkbox"/> Others 其他 _____
Please tick to indicate your availability for volunteer work. 请选择服务的时间。			
	9 am to 1 pm 上午 9 时 - 下午 1 时	2 pm to 5 pm 下午 2 时 - 下午 5 时	Period of Commitment 服务时期
Fixed weekdays 固定周日			_____
Fixed weekends 固定周末			Available start date 开始日期
Otherwise, please state time clearly. 若是其他时段, 请注明。			_____
I can volunteer in.... (Please tick) 我可以在以下领域提供服务 (请划勾)			
<input type="checkbox"/> Art and Craft 美术与手工艺 <input type="checkbox"/> Administrative Support 行政 <input type="checkbox"/> Befriending 探访贫病人士 <input type="checkbox"/> Calligraphy 书法 <input type="checkbox"/> Cooking 烹饪 <input type="checkbox"/> Dancing 舞蹈 <input type="checkbox"/> Gardening 园艺 <input type="checkbox"/> Outings 郊游活动 <input type="checkbox"/> Photography 摄影 <input type="checkbox"/> Information Technology 资讯科技		<input type="checkbox"/> Hair-cutting/Grooming 理发/梳洗 <input type="checkbox"/> Musical activities 音乐活动 <input type="checkbox"/> Organise workshops and activities 举办讲座和活动 <input type="checkbox"/> Publications 撰稿/编辑 <input type="checkbox"/> Handyman work 修理 <input type="checkbox"/> Reading 阅读 <input type="checkbox"/> Sewing 缝纫 <input type="checkbox"/> Singing 唱歌 <input type="checkbox"/> Sports and exercise 体育运动 <input type="checkbox"/> Distribution of flyers 分发传单 <input type="checkbox"/> Others 其他 _____	
PAST VOLUNTEERING EXPERIENCE 义工服务经验			
1. Name of Agency 机构名称		Period of service 服务时期	
Please specify volunteering activity. 请说明志愿服务活动。			
2. Name of Agency 机构名称		Period of service 服务时期	
Please specify volunteering activity. 请说明志愿服务活动。			
EMERGENCY CONTACT 紧急事故联络人			
In case of emergency, please contact 如果发生紧急情况, 请联系			
Name 姓名			
Relationship 关系			
Contact Number 联络号码			

**DECLARATION 个人声明**

- Have you ever been convicted of a crime? **Yes / No**  
您是否曾经犯法? **是/否**
- Are you currently volunteering for other organisation/agency? **Yes/ No**  
您目前是否也在其他组织/机构提供志愿服务? **是/否**  
If yes, please state details. 若“是”，请注明。
- Have you travelled to / lived at any place of epidemic/disease outbreak for the past 2 weeks? **Yes/ No**  
过去两周内，您是否曾经在流行性疾病暴发的地区旅行或居留? **是/否**  
If yes, please state the location. 若“是”，请注明地区。

I declare that all information given is accurate at the time of completion and understand that the approval of my application is subject to the consideration of Grace Volunteer Centre @ Yen Pei Building. As a volunteer of Grace Volunteer Centre @ Yen Pei Building, I agree to abide by the volunteer's code of ethics and fulfil the responsibilities of a volunteer to the best of my ability.

I also consent to the use of my photographs taken during the activities, for uploading or display, on Grace Volunteer Centre @ Yen Pei Building website, newsletters, as well as other publicity platforms and media.

I also understand that a background check may be conducted by Grace Volunteer Centre @ Yen Pei Building.

我声明所有提供的讯息，在呈报资料时都是准确的，并且明白我的申请需要通过慈恩义工中心的审查与批准。如果我被招募为慈恩义工中心的义工，我同意遵守义工的道德规范，并且尽我所能履行义工的责任。

我同意让慈恩义工中心，使用活动期间所拍摄的有我在内的照片，上传/展示在慈恩义工中心网站上，以及其他通讯和宣传平台或媒体上。

我也明白慈恩义工中心或许会进行个人背景调查。

\_\_\_\_\_  
Signature of Applicant 申请人签名

\_\_\_\_\_  
Date 日期

Please note: The *Volunteer Conduct, Confidentiality and Indemnity Agreement* is attached for your reference.  
请注意：附上《义工行为规范、资料保密和免责保障协议》给您作为参考。

Please post the completed form to:  
Grace Volunteer Centre @ Yen Pei Building, 105 Punggol Road Singapore 546636  
or fax to: 63877887; or email to: [grace.volunteer.centre@sbws.org.sg](mailto:grace.volunteer.centre@sbws.org.sg)

请把填写完整的表格邮寄至：  
Grace Volunteer Centre @ Yen Pei Building, 105 Punggol Road Singapore 546636  
或传真至: 63877887 或电邮至: [grace.volunteer.centre@sbws.org.sg](mailto:grace.volunteer.centre@sbws.org.sg)

**FOR OFFICIAL USE**

Interviewed by:

\_\_\_\_\_  
(Staff Name / Designation)

Signature: \_\_\_\_\_

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

Remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_