

VOLUNTEER APPLICATION FORM

Please mail, e-mail or fax the completed form to:	FOR OFFICIAL USE
Volunteer Engagement Division of Community Outreach & Philanthropy National Cancer Centre Singapore 11 Hospital Drive, Singapore 169610 Tel: +65 6376 3642 Fax: +65 6536 5503 E-mail: volunteer@nccs.com.sg Website: www.nccs.com.sg/Giving/Volunteer	VAF-201 ____ - ____
	Received Date: D D / M M / Y Y
	Status: Proceed / Decline
	Date: D D / M M / Y Y
	Remarks:

IMPORTANT NOTE FOR APPLICANT
*Circle your selected option(s), where applicable.

Thank you for your interest in volunteering at NCCS' programmes/events.
Your personal details will be treated in the strictest confidence. The information is securely stored and will not be disclosed to any external party unless otherwise specified (i.e. name, age, phone, email address) to the relevant staff coordinators and volunteer leaders, if and where applicable, to facilitate the volunteer service.

PERSONAL DATA PROTECTION (PDPA)

Your consent is required for NCCS personnel to access your personal data for the following purposes:

- Official correspondence between NCCS and Volunteer, including updates on volunteering at NCCS;
- Assessing suitability of volunteer applicants;
- Building a consolidated electronic volunteer database;
- Facilitating our various volunteer support programmes which you participate in;
- Managing relationships with you, including sending NCCS' quarterly newsletters, greeting cards and invitations;
- Submission to Government bodies and other agencies related to volunteerism for their information and awards;
- And all other purposes reasonably related to the aforesaid.
- Photographs and/or videos may also be captured during activities involving your volunteer service, for the purpose of NCCS records and producing publicity content to promote our worthy causes and programmes.

IMPORTANT: Consent & Declaration in relation to the above

By Signing the form you are agreeing to **(1), (2) and (3)**, whereas **(4) is optional and requires your response**.

(1) I agree to abide by the volunteers' code of conduct and rules and regulations drawn out by NCCS. I testify that all information given is true and if I withhold or falsify any information, or fail to comply with the NCCS volunteers' code of conduct and rules and regulations, NCCS reserves the right to terminate my volunteer service with notice.

(2) I agree to be contacted by NCCS Volunteer Engagement via Mail, E-mail and Phone Calls/Text Messages for the above mentioned purposes, and to facilitate my volunteer service.

(3) I agree to the collection, use and disclosure of my personal data (i.e. name, age, phone, email address) to the relevant staff coordinators and volunteer leaders, if and where applicable, to facilitate my volunteer service.

*** Yes / No :** **(4) I agree** to give my consent for mentions of my participation and use of photos/videos of the programme as publicity content for prints, electronic and social media communication by NCCS and its Division of Community Outreach & Philanthropy.

Applicant's Full Name and Signature

Date

Commitment and Schedule	
Term of volunteering:	Available to start volunteering from D D / M M / Y Y to D D / M M / Y Y
Desired frequency of volunteering:	* Daily / ____ times Per Week / ____ times Per Month / Ad-hoc / No Preference
Completed and enclosed the required documents with this form:	* (Appendix 2A) Parent/Guardian Consent / (Appendix 2C) Volunteer Indemnity Form / (Appendix 2D) Letter of Undertaking (For Confidentiality of Information) / (Appendix 2E) Programme Interest & Availability

Personal Particulars	
Prefix: * Dr / Mr / Mrs / Mdm / Ms	Full Name: (please underline surname)
Gender: * Male / Female	Date of birth: DD / MM / YY
Race:	Nationality:
	Highest education level: * Primary / Secondary / College / Polytechnic / University / Others (please state):
Mailing address:	Singapore ()
Contact numbers:	(HP) (H) (O)
E-mail:	
Occupation:	* Student / Self-employed / Full-time / Part-time / Retired (please state previous occupation below) / Others (please state): Name of * School / Organisation: Nature of work & Designation (not applicable for student): Address of * School / Organisation: Name of * Parent / Teacher / Officer in-charge / Organisation or School Representative: Contact: E-mail:
Any known medical conditions:	* No / Yes (Any medical and/or physical conditions, and/or any history of psychiatric / psychological disorders. Please elaborate, if applicable):
Emergency contact: (please underline surname)	Name: Relationship: Contact numbers: (HP) (H) Address (if different from your mailing address): Singapore ()
Have you ever been convicted in the court of law in any country?	* No / Yes (please elaborate, if applicable):

Personal Skills and Interests	
Language proficiency:	Spoken * English / Mandarin / Malay / Tamil / Others (please state): Written * English / Mandarin / Malay / Tamil / Others (please state):
Volunteering experience:	* No / Yes (please state):
How did you learn about volunteering at NCCS?	* Family / Friends / NCCS volunteers / NCCS staff / Publications / Social media / NCCS website / Others (please state):
Have you had experience working with or caring for people affected by cancer?	* No / Yes (please elaborate, if applicable): Are you a cancer survivor? * No / Yes (please state the date for your last treatment): DD / MM / YY

VOLUNTEER INDEMNITY FORM

NCCS Volunteer Programme (hereinafter referred to as “the PROGRAMME”)

I, _____ (Full Name of Volunteer), _____ (last 3 digits and alphabet of your NRIC/FIN/Passport No.), hereby agree that I am participating in the Programme of my own accord, without promise or expectation of compensation or benefits.

I hereby confirm that I shall release and not hold NCCS or any of its employees, servants or agents liable in any way whatsoever for any loss, bodily injury, mishap, accident and/or loss of life or property arise directly or indirectly incur as a result of or in connection with my voluntary participation. Any first aid or medical treatment provided to me by NCCS at its expense shall be discretionary and on compassionate basis only. No provision of first aid or medical treatment administered to me shall be tantamount to an admission of liability by NCCS for any injury that I may sustain during my voluntary participation.

I personally undertake at all times to indemnify NCCS and their respective officials, servants, representatives and agents from and against all actions (including but not limited to third party actions), proceedings, liabilities, claims and damages, costs and expense which NCCS may sustain or incur by reason of or in connection with the Programme.

I fully accept with understanding for the above agreement and will not hold NCCS and its employees responsible for any action taken at NCCS discretion without compromising my safety in any way. 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.

Signature of Volunteer

Date

For volunteers below age of 21:

I, _____ (Full Name of *Parent/Guardian), _____ (*last 3 digits and alphabet of NRIC/FIN/Passport No.) permit my child/ward, _____ (Volunteer's Name) to participate in the Programme and its activities. I understand that by signing below, I am agreeable to all the terms and conditions stated in the Volunteer Indemnity Form.

Signature of Parent / Guardian

Date

****Delete where applicable***

Letter of Undertaking (For Confidentiality of Information)

1. I shall ensure that during my course of volunteering in National Cancer Centre Singapore (NCCS) and/or any of NCCS related volunteer programmes, I shall protect any information which I have been given access to, be it corporate or patient-centred, from any use which may be deemed detrimental to the integrity of National Cancer Centre Singapore (NCCS). This non-disclosure, whether directly or indirectly, extends to my family members and fellow volunteers who are not authorised to have access to such information;

2. I shall commit to observe the code of confidentiality as set out:

(a) Refrain from copying, reproducing, extracting, translating or using information for any unofficial or unauthorised use;

(b) Will not share nor communicate any information regarding my volunteer work to any external parties such as the media, competitors, external authorities, etc, without prior approval from the Volunteer Engagement personnel (VE);

(c) Safeguard with integrity of all confidential information and must not remove, falsify, deface or destroy such information in any manner;

(d) Will not compromise the security of confidential information where the action may give rise to potential misuse of information by unauthorised individuals;

(e) Should I receive any information in any form or mode that was accidentally sent to me, I shall duly inform the Sender. All information received must not be in any circumstances retain, copy, reproduce, extract, forward, propagate or use in any way the information so received;

(f) In event the official task is deem completed, I shall surrender without demand, all information, documents and tangible items held in my possession or under my control. I shall be held liable if I destroy or remove any information or paraphernalia belonging to NCCS without any proper authorisation which could result in disciplinary or legal action commenced against me;

3. In the event of a breach of confidentiality, my volunteering service will be terminated. I may also face legal action in the event that the Hospital seeks compensation for any claims, damage or losses suffered as a result of or in connection with such breach;

4. The Letter of Undertaking is deemed valid throughout the duration of my volunteering service. I acknowledge and accept that my agreement herein survives the termination or resignation of my volunteering service with the NCCS related establishments mentioned in this Letter of Undertaking.

5. I have read and fully understand the contents of this Letter of Undertaking. I hereby accept the terms and conditions as stated herein and confirm that I have signed this Letter of Undertaking after I have fully understood the contents herein.

Signature of Volunteer

Date

Full Name of Volunteer

Last 3 digits and alphabet of NRIC/FIN/Passport No.

For volunteers below age of 21:

I, _____ (Full Name of *Parent/Guardian), _____ (*last 3 digits and alphabet of NRIC/FIN/Passport No.) permit my child/ward, _____ (Volunteer's Name) to participate in the NCCS Volunteer Programme and its activities. I understand that by signing below, I am agreeable to all the terms and conditions stated in the Letter of Undertaking.

Signature of *Parent/Guardian

Date

***Delete where applicable**

**PARENT/GUARDIAN CONSENT
(For volunteers below age of 21)**

NCCS Volunteer Programme (hereinafter referred to as “the PROGRAMME”)

I, _____ (Full Name of *Parent/Guardian), _____ (*last 3 digits and alphabet of NRIC/FIN/Passport No.) hereby agree that my *child/ward _____ (Name of *child/ward), _____ (*last 3 digits and alphabet of NRIC/BC No.) is participating in the abovementioned Programme on a voluntary basis. I consent with this submission of the registration with my full knowledge and approval without compromising or expecting any compensation or benefits should incident arise from this participation.

I understand that the National Cancer Centre Singapore (NCCS) and its representatives will take all reasonable steps to ensure and provide sufficient care and safety for each volunteer. I accept that I shall undertake the full responsibility for my child/ward’s health, safety and belongings. I do accept that both the NCCS and its representatives will not assume any responsibility for any injury, loss, damage or harm to any child or to his/her property during the course of the activity, including travelling to and from the Programme site.

I personally undertake at all times to indemnify NCCS and their respective officials, servants, representatives and agents from and against all actions (including but not limited to third party actions), proceedings, liabilities, claims and damages, costs and expense which NCCS may sustain or incur by reason of or in connection with the Programme.

I fully understand the above agreement and will not hold NCCS employees responsible for any action taken for 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.

Signature of Parent / Guardian

Date

****Delete where applicable***

PROGRAMME INTEREST & AVAILABILITY

**Please ✓ your area of interest* (You may select more than one option)
These are subjected to availability. NCCS reserves the right to amend the programmes to meet changing needs.**

Service Purpose	Relevant Programme(s)	When	Frequency
Patient Care & Support (weekday)	<input type="checkbox"/> Patient Guide	(3-hr) During Monday to Friday, <input type="checkbox"/> 8AM-11AM <input type="checkbox"/> 9AM-12PM <input type="checkbox"/> 12PM-3PM	<input type="checkbox"/> 2X a month <input type="checkbox"/> 4X a month <input type="checkbox"/> 8X a month
	<input type="checkbox"/> S.N.A.C.Ks service	(2 to 3-hr) During Monday to Friday, <input type="checkbox"/> 10.30AM-12.30PM <input type="checkbox"/> 2.30PM-4.30PM	<input type="checkbox"/> 2X a month <input type="checkbox"/> 4X a month <input type="checkbox"/> 8X a month
	<input type="checkbox"/> Melodies@NCCS	(1-hr) During Monday to Friday, <input type="checkbox"/> Between 8AM-12PM <input type="checkbox"/> Between 12PM-3PM	<input type="checkbox"/> 1X every 3 months <input type="checkbox"/> 1X a month <input type="checkbox"/> 1X a year
Patient Care & Support (weekend)	<input type="checkbox"/> Knit For Hope (Hats) – Administrative <input type="checkbox"/> Knit For Hope (Hats/Knockers) – Knitting / Trainer	(2 to 3-hr) During Saturday, <input type="checkbox"/> 9AM-12.30PM <input type="checkbox"/> 10AM-12PM	<input type="checkbox"/> At least for 1 Term (6 Saturdays)
	<input type="checkbox"/> Knit For Hope (Hats) – Distribution <input type="checkbox"/> Knit For Hope (Knockers) – Distribution	(4 to 4.5-hr) During Monday to Friday, <input type="checkbox"/> 9AM-1PM <input type="checkbox"/> 12PM-4PM <input type="checkbox"/> 12PM-4PM	<input type="checkbox"/> 1X a month <input type="checkbox"/> 1X a month
Advocacy & Awareness (weekend)	<input type="checkbox"/> Community Outreach (Public Forum / CancerWise Workshop)	During Saturday, (dates & time to be advised) <input type="checkbox"/> Between 8.30AM-3.30PM	<input type="checkbox"/> 1X every 3 months <input type="checkbox"/> 1X a month <input type="checkbox"/> At least 1X a year
Philanthropy (weekday)	<input type="checkbox"/> Festive Fundraising Drive	During Monday to Friday, (dates & time to be advised) <input type="checkbox"/> CNY period <input type="checkbox"/> Hari Raya period	<input type="checkbox"/> At least 2X a year
Philanthropy (weekend)	<input type="checkbox"/> Run For Hope (Run Pack Distribution)	<input type="checkbox"/> Weekends (dates & time to be advised)	<input type="checkbox"/> 1X a year
	<input type="checkbox"/> Run For Hope (Run Day Event Support)	<input type="checkbox"/> Weekends (dates & time to be advised)	<input type="checkbox"/> 1X a year
Programme Support (weekday)	<input type="checkbox"/> Data collection / Administrative	During Monday to Friday, <input type="checkbox"/> 8AM-11AM <input type="checkbox"/> 9AM-12PM <input type="checkbox"/> 12PM-3PM <input type="checkbox"/> 3PM-6PM	<input type="checkbox"/> At least 1X every 3 months <input type="checkbox"/> At least 1X a year
Programme Support (weekend)	<input type="checkbox"/> Generic event support @ any event <input type="checkbox"/> Music entertainment @ any event <input type="checkbox"/> Event Photography @ any event	During Friday / Saturday, (dates & time to be advised) <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Flexible	<input type="checkbox"/> At least 1X every 3 months <input type="checkbox"/> At least 1X a year
	<input type="checkbox"/> Recital of Joy – Logistic support <input type="checkbox"/> Row For Hope – Photography <input type="checkbox"/> Portraits of Hope – Photography / Make-up / Music / Entertainment	During Saturday, (dates & time to be advised) <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> Flexible	<input type="checkbox"/> 2X a month <input type="checkbox"/> 2X a year (includes pre-event brief) <input type="checkbox"/> 2X a year (includes pre-event brief)

Note: Send or email the completed application form to the address stated on top of page 1.