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| **NEW HOPE COMMUNITY SERVICES**VOLUNTEER APPLICATION FORM |
| Thank you for choosing to apply to become a volunteer for New Hope! Kindly complete this form. |
| **PERSONAL DETAILS** |
| **FULL NAME** | (Mr/Mrs/Mdm/Miss/Ms/Dr) |
| **DATE OF BIRTH (DD/MM):** |  | **AGE RANGE:** Under 25 / 26 -45 / 46 above |
| **MOBILE:** |  | **HOME:** |
| **EMAIL ADDRESS:** |  |
| **HOME ADDRESS:** |  |
|  | **POSTAL CODE:** |
| **VOLUNTEER AVAILABILITY AND INTEREST** |
| **1. I can volunteer on:** |
| □ An ad-hoc basis | 1 time / 2 times / 3 times | \_\_\_\_\_\_\_ hour(s) per session |
| □ A weekly basis | 1 time / 2 times / 3 times | \_\_\_\_\_\_\_ hour(s) per session |
| □ A fortnight basis | 1 time / 2 times / 3 times | \_\_\_\_\_\_\_ hour(s) per session |
| □ A monthly basis | 1 time / 2 times / 3 times | \_\_\_\_\_\_\_ hour(s) per session |
| **2. I wish to help with the following (you may tick more than 1):** |
| □ Administrative | □ Fundraising | □ Website Development |
| □ Video & Audio Editing | □ IT Support | □ Gardening |
| □ KS Café Staff (must be Food Safety and Hygiene certified) | □ Shelter maintenance |
| □ Tutoring *Preferred age group:* \_\_\_\_\_\_\_ |
| □ KS Programmes *(please tick the option(s) you are most interested in)** Education of the Heart (youth & children)
* Family Retreat (families)
* First Things First – poverty simulation programme (corporate & group)
* Rewriting your story (individuals)
 |
| □ Others: |

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.

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:

a. Administering and/or managing my relationship with **NHCS**.

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.

3. I hereby agree and consent that **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**.

4. My consent given here will override my registration on the DO NOT CALL Registry, if applicable.

5. 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](http://www.newhopecs.org.sg)

□ I have read and agree to all the above.

Signature (please sign above line)

□ I consent to **NHCS** sending me information and updates about its programmes and events, including its fundraising events*(optional)*

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

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