\* Please tick accordingly. Where not applicable, please write ‘NA’ VMS.001(onlineNTFGH.JULY2020) Pg.1/2

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|  **Thank you for your interest in volunteering with us at Ng Teng Fong General Hospital.  To help us process your application, please email completed form to** **JHCampus\_Volunteers@nuhs.edu.sg****.**  |
| 1. **Personal Information**
 |
| **Name** (as in NRIC / Passport):       | *(photo)* |
|  **NRIC/FIN:**       |
| **Nationality:**       | **Race:**       |
| **Gender:**[ ]  Male / [ ]  Female | **Date of Birth** (dd/mm/yyyy)**:**       |
| 1. **Contact Information**
 |
| **Address:**      **Postal Code (**     **)** |  **Email:**  |
| **Home Tel:**      |  **Mobile Tel:**  |
| 1. **Occupation Details**
 |
| **Occupation Status:**[ ]  Employed / [ ]  Self-employed / [ ]  Student / [ ]  Housewife / [ ]  Retired / [ ]  Unemployed / [ ]  Others:       |
| **Occupation:**       |  **Name of Company or Institution (if studying):**       |
| 1. **Mode of Contact**
 |
|  **How would you like to receive information on our volunteering opportunities?** [ ]  Email [ ]  WhatsApp |
| 1. **Next-of-Kin** (In case of emergency)
 |
| **Name:**       | **Relationship:**       | **Contact No:**       |
| 1. **Past Voluntary Experiences** (Please provide details, if any)
 |
| **Organisation** | **Description of responsibilities** | **Date (Period of involvement)** |
|       |       |       |
| 1. **Languages Spoken**
 |
|  [ ]  English [ ]  Mandarin [ ]  Malay [ ]  Tamil  **Dialects:** [ ]  Cantonese [ ]  Hakka [ ]  Hokkien [ ]  Teochew **Others:**        |
| 1. **Availability**
 |
| [ ]  Weekdays > From       (am / pm) to       (am / pm)[ ]  Weekends > From       (am / pm) to       (am / pm) |

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| 1. **Declaration**
 |
| Do you have any existing medical conditions? If yes, please specify medical condition(s)       | [ ]  Yes **/** [ ]  No |
| Have you ever been convicted or have any pending and/or unresolved criminal charges within and/or outside of Singapore?If yes, please indicate criminal record(s)       | [ ]  Yes **/** [ ]  No |
| Have you ever been treated for any mental health conditions? If yes, please specify:       | [ ]  Yes **/** [ ]  No |
| **J. Agreement with NUHS and Institutions** |
| 1. The above information is accurate and correct to the best of my knowledge. My submission of this form gives my approval to NUHS and, or its institutions to check references and, if thought to be necessary, to perform a background check. In line with the Personal Data Protection Act (PDPA), National University Health System Pte. Ltd. (NUHS) and its institutions including but not limited to National University Hospital (NUH), Ng Teng Fong General Hospital (NTFGH), Alexandra Hospital (AH), Jurong Community Hospital (JCH), National University Polyclinics and Jurong Medical Centre (JMC), (singly referred to as “Institution” and collectively as the “Institutions”) assure that any personal data collected would be kept securely with no misuse of the data in accordance with the PDPA.
2. I hereby grant permission to NUHS and, or any one or more of the abovementioned Institutions deploying me as a volunteer to:
3. Use my personal data to keep me updated of any current and future volunteer-related matters through the use of electronic and non-electronic forms of communication (e.g. telephone, SMS, Fax & WhatsApp),
4. Make my personal data available to external individuals or organisations to fulfil the registration approval as well as for all matters relating to my participation as a volunteer with NUHS/Institutions, and
5. Use any photographs, videos or audio recordings taken of me during the volunteer services or NUHS/Institution(s) functions for publicity purposes.
6. Whilst the necessary precautions will be taken for my safety, I understand that NUHS and or the Institutions is/are not responsible and has any no liability to me for any losses or damages that may be incurred, contracted or encountered by me during my volunteer services (regardless of whether the volunteer services are carried out at the sites located at the Institutions or outside the Institutions) including but not limited to any illnesses or injuries (including death); any payment(s) to any physicians or the Emergency Department of any hospital resulting therefrom; or any penalties or fines to any regulatory/government authorities. I therefore release and discharge NUHS and, or the Institutions from such liability that I might sustain as a result of my participation as a volunteer except when such losses or damages are caused solely by NUHS’s and, or the Institution(s)’s gross negligence. I indemnify and shall keep indemnified NUHS, and its Institutions, its employees, servants or agents from all such liability.
7. I understand that opportunities for volunteers are provided without regards to religion, creed, race, national origin, age, or gender. I also understand that I should not use my position as a volunteer to do anything to promote my own personal interests or my own gain that might detract from the goal of the volunteer activities including but not limited to the peddling of goods, services and, or promotion of religious beliefs.
8. NUHS/Institutions is not obligated to provide any volunteer positions, nor am I obligated to accept any position offered. I understand that the only way to receive paid employment is to apply through the office of NUHS/Institution(s)’s Human Resources.
9. I will consider as confidential all information that I may gain or have access to in my volunteer position, directly or indirectly, concerning NUHS and/or Institution(s) and/or its patients, doctors, staff and/or any individuals. I understand that my volunteer position will be terminated as a result of any breach of confidentiality/ personal data.
10. If I am a doctor or a dentist, I confirm that I have the appropriate medical malpractice insurance to cover my participation as a volunteer. I understand that NUHS is entitled to terminate my volunteer services immediately should it be discovered that I do not have appropriate insurance coverage.
11. I also understand that NUHS/Institution(s) reserves its rights to terminate my volunteer services and restrict access to NUHS/Institution(s) premises at any time to ensure NUHS/Institution(s)’s staff, patients and visitors’ well-being and safety are maintained at all times.
 |
| [ ]  Agree\* **Signature/Name:**       **Date:**       |
| **FOR OFFICIAL:**  |
| **Volunteer deployed to**       **(Name of Institution)** | **Confirmed by:**       **(Staff Name)** |

\* Please tick accordingly. Where not applicable, please write ‘NA’ VMS.001(onlineNTFGH.JULY2020) Pg.2/2