



THE CALGARY CHINESE ELDERLY CITIZENS' ASSOCIATION

VOLUNTEER APPLICATION FORM

卡城華人耆英會義工申請表

義工編號

Volunteer No. _____

* Optional - This information will be used for statistical purposes only. 選填 - 資料謹用於統計之用。

(Please ✓ click the box. 請在適合格內✓)

Personal information 個人資料

English Name: Mr./Mrs./Ms. _____ (First name) _____ (Last name) Gender: M F
英文名字 性別 男 女

*Chinese Name: _____ *Date of Birth: _____ (年 Y) _____ (月 M) _____ (日 D)
*中文名字 *出生日期

Address 住址: _____ Postal Code 郵編: _____

Phone 電話: (Home 家庭) _____ (Cell 手機) _____ (Work 工作) _____

Please check if you agree to use the following ways to receive our news. 請選擇您想收取通訊的途徑。

Email 電郵 _____ WhatsApp _____ WeChat _____

General Information 基本資料

Are you the member of The Calgary Chinese Elderly Citizens' Association? Yes No
請問您是否卡城華人耆英會會員? 是 否

Please check if you are: Citizen Canadian Permanent Resident Work Permit Study Permit
請選擇您的身份是 公民 加拿大永久居民 工作簽證 讀書簽證

Language spoken 語言: English 英語 Mandarin 國語 Cantonese 粵語 Other 其他: _____

Educational level: High school University Post graduation other: _____
教育程度 高中 大學 研究生 其他

Special training or applicable education 專業培訓或其他教育經歷: _____

Previous volunteer experience 過往義工經驗: _____

Personal hobbies or interests 個人興趣及愛好: _____

Expectation of volunteer service 參加義工服務的期望: _____

We want to make sure our volunteers are safe, and able to perform specific tasks. Therefore, please list any medical or physical conditions that may restrict your ability to perform certain tasks. 我們希望確保義工安全, 並能夠執行委派的義工服務。因此, 如有任何可能限制您在執行某些項目的能力, 請列出有關醫療或身體狀況, 以我們為您提供合適安排。 _____

Volunteer Opportunities 義工機會

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Board of Director
理事會 | <input type="checkbox"/> Civic Concern Group
公民關注組 | <input type="checkbox"/> Education
文教活動 | <input type="checkbox"/> Drop-in
偶到服務 |
| <input type="checkbox"/> Recreational Class
文娛康樂班組 | <input type="checkbox"/> Social Group
社交互助小組 | <input type="checkbox"/> Program support
活動支援 | <input type="checkbox"/> Health & Wellness Class
健康保健班組 |
| <input type="checkbox"/> Office Support
文書支援 | <input type="checkbox"/> Community Helper
社區同行大使 | <input type="checkbox"/> Outreach - Way-in
外展部 | <input type="checkbox"/> Interpretation & Transportation
翻譯及接送 |
| <input type="checkbox"/> Handyperson
家居維修 | <input type="checkbox"/> Special Need Support Group
特別需要小組 | <input type="checkbox"/> Tax Clinic
社區報稅 | <input type="checkbox"/> Visiting Program
探訪計劃 |
| <input type="checkbox"/> Palliative & End-of-life
Care 美善囑福 | <input type="checkbox"/> Virtual Program
網上項目 | <input type="checkbox"/> Other
其他 _____ | |

保密協議

所有有關卡城華人耆英會 (下稱: 本會 CCECA) 的客人、僱員、義工、財務記錄及機構文件均視為機密。「機密」意旨您可以談論本會、有關的活動及您的職位，但不可以透露客人的名字或談論的方式足以令人知道他們是誰。在未獲適當授權的情況下，不可以透露任何資料。任何僱員包括僱員本身之僱傭資料如薪酬、表現評核等，都不得與任何人分享和討論。這是保障非牟利機構及確保他們正常運作的適當協議。

本會祈望您專重客人和員工的私隱及本會需要在保密的情況下運作。客人所有資料必須保密。一般資料、週年報告及其他供市民閱覽的資料並不視為機密資料。違反保密協議會導致您喪失您的義工及/或理事職位，這協議的目的是保障您本人、保障客人及本會。

「保密」的意思是保守專有資料的秘密，必須在專業的工作情況之下才討論個人及私人的資料。討論這些資料的目的，是為更好地認識本會及本會的客人，以便支援及/或舉辦活動、幫助客人及推動本會良好的發展。雖然本會需要您對違反保密協議的行為負責，但本會在任何法律行動方面是無法維護您的。

本人已閱讀及同意上述的保密協議，並會遵守有關政策的規定。如我相信已發生違反本會政策的情況，不論是蓄意或無意的情況下發生，我會立即通知我的上司。我明白若違反上述政策，本會有權終止我的義工職務。

放棄追討責任聲明

本人明確了解參與由本會及其代理人、義工、職員提供的活動、義工服務及旅遊服務之風險是由本人個人承擔，由此導致或與之相關的任何身體及物資損失、損壞、受傷、死亡或財物損失，本會及其代理人、義工、職員概不負責。

本人同意本會就課程、活動、項目及耆英會服務相關之事宜聯絡本人。

本人同意加入本會專用的 WhatsApp 或微信群組收取最新資訊。

本人同意凡參加本會活動所拍攝之個人照片和影像歸本會所有，可作本會服務宣傳之用。

姓名： _____ 簽署： _____ 日期： _____

見證人： _____ 簽署： _____ 日期： _____

***此是中文譯本，一切以英文為準。**

THE CALGARY CHINESE ELDERLY CITIZENS' ASSOCIATION

Confidentiality Agreement

All information concerning clients, former clients, employees, volunteers, financial records and agency documents are considered confidential. "Confidential" means that you are free to talk about "CCECA", about the program and your position in general, but you are not permitted to disclose client names or talk about them in ways that can identify them. Staff employment information, including oneself, such as appraisal records and salary are also considered as confidential. You are not to share and discuss with others. No information may be released without appropriate authorization. This is an appropriate agreement for care and business in the non-profit sector.

CCECA expects you to respect the privacy of clients, staffs and the business of the organization as confidential. All specific information of the clients is confidential. General information, annual reports and other public materials are not considered confidential.

Failure to maintain confidentiality will result in termination of your employment, volunteer position and/or a board of director position. This agreement is intended to protect you as well as clients and CCECA.

Confidentiality is the preservation of privileged information. By necessity, personal and private information is discussed within professional working situations. Information discussed is to support your learning of the organization and clients so that you can better support programs, clients and the development of a productive organization. Although the agency is liable for your actions in the case of a breach of confidentiality, the agency will not be able to support you in any legal actions.

- I have read CCECA's policy on confidentiality and statement of confidentiality above. I agree to abide by the requirements of the policy and inform my supervisor or the Executive Director immediately if I believe any violation (intentional or otherwise) of the policy has occurred. I understand that a violation of the policy could lead to my termination as an employee, volunteer and/or a board member of CCECA.

Waiver and Release

- I am aware that it is a condition of participation in any program, volunteer service or travel provided on behalf of CCECA its agents, volunteers, and employees that the participant does so at their own risk. CCECA, its agents, volunteers or employees are not liable for any physical or material loss, damage, injury, loss of life or cost resulting from, or in connection with such participation.
- I agree that CCECA will contact me for matters related to classes, events, programs and other purposes related to services provided by CCECA.
- I agree to join CCECA official WhatsApp or WeChat groups to receive the latest information.
- I agree that photos and videos taken of me during participation in any activity provided by CCECA are properties of CCECA and may be used for promotional purposes.

Name: _____

Signature: _____

Date: _____

Witness: _____

Signature: _____

Date: _____