

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	

English Name: Mr. / Mrs. / M	s			
英文名字		中文名字		
Address:			ode:	
住址 Phanas (Uanas)	(C-II)	郵編	() A (=l)	
Phone: (Home)	(Cell) (手機)		(WOrk)	
電話: (家庭)			(工作)	
Email: 電子郵件	Age R 年龄)		22-35 ⊔36-49	9 ⊔50-65 ⊔over 65
General Information 基本資料	<u>ŀ:</u>			
Are you Canadian Permanent 請問您是加拿大永久居民或公民		□ Yes □ 是		
Language spoken: ☐ Englis 語言: 英語	國語	粵語	其他	
Health restriction/medication健康問題/藥物/過敏病史	n/allergies:			
Previous volunteer experienc 過往義工經驗	e:			
Educational level: ☐ High sc 教育程度 高中	chool □ University 大學	_	on □ other: 其他	
Special training or applicable 專業培訓或其他教育經歷	education:			
Personal hobbies or interests 個人興趣及愛好				
Volunteer Opportunities 義工				
□ Board of Director# 耆英會理事	□ Civic Engagement Gro 公民權益服務小組	oup U Com 社區同		
□Fitness Room Ambassador 健身室大使		epartment) 🔲 Heal	th Program	☐ Interest Class
□ Medical Interpretation# 醫療翻譯	文書支援		支援	特別活動
□ Special Need Support Group 特別需要小組	□ Support Group# 關懷小組	社區	Clinic 養工報稅計劃	□ Translation 文件翻譯
□ Volunteer Handyperson Project 家居維修計劃	‡□ Visiting Program# 關顧耆英探訪計劃	□ We 保健「	llness Centre 中心	□ Other 其他
Remark: Reference Check & PIC are	e required			
What volunteer commitment 你願意承諾的義工服務時間	can you make?	hours/week 小時/每週		mmitment:
Availability (Preferred time): 能參與義工時段	Weekdays: 工作日		Weekends:_ 週末	
Emergency contact person §	冬急聯絡人:			
Name:				
姓名	電話	辨	係	

References 諮詢人: (please provide at least one reference, excluding family 請提供至少一個諮詢人,非家庭成員)

Name 姓名	Phone 電話	Relationship 關係	Years known 認識多久	Email 電郵
1.				
2.				
Authorization and Acknowle	edgment 授權確認	<u>書:</u>		
□ I give my permission to contact the above references in regard to my application to Volunteer. 我同意貴會就本人的義工申請表聯繫以上諮詢人。				
□ I declare that the information provided in this application is true and complete. I understand that any false information provided may be cause for denial of a volunteer placement or dismissal after placement. 我聲明此表所填內容均屬實。我明白提供任何虛假信息有可能導致申請被拒或者免除義工職務。				
□ I consent to have Police Information Check by Calgary Police Service as required. 我同意於警局辦理本人的良民記錄證明。				
Volunteer Signed:		Witness:		
義工簽名 Date:		證人 Date:		
日期		日期		
For those applicants under the age of 18, parental/guardian consent is required before submitting this application.十八歲以下的申請人必須在提交此申請表前得到家長/監護人的同意 I,				
Signature of Parent/Guard 家長/監護人簽名	lian:	Date: 日期		_

OFFICE USE ONLY:		Date of application	Received:	
Interview Date:		Interviewer:		
Orientation Date:	Position assig	ned:	Start dat	e:
Checklist for volunteer orientation: ☐ Volunteer Manual provided ☐ Emergency Procedures provided ☐ Police Information Check Letter (☐ N/A) ☐ Signed Confidentiality Agreement, waiver and release form ☐ Name Tag (☐ N/A)				

Resignation / Termination Date: _____

Reason: _____

THE CALGARY CHINESE ELDERLY CITIZENS' ASSOCIATION

保密協議

所有有關以前客人、僱員、義工、財務記錄及機構文件是視為機密,機密的意思是你可以談論卡城華人耆 英會,談論有關的活動及你的職位,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 獲適當的授權的情況下,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適當協議。

卡城華人耆英會祈望你專重客人和員工的私隱及卡城華人耆英會需要在保密的情況下運作,客人所有獨特的資料要保密,一般的資料週年報告及其他供市民閱灠的資料並不視為機密,違反保密協議會導至你喪失你職員的職位、喪失你義工的職位及/或理事的職位,這協議的目的是保障你本人及保障客人及卡城華人耆英會。

保密的意思是保持專有的資料的機密,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認識卡城華人耆英會及卡城華人耆英會的客人,以便更好地舉辦活動,幫助客人與及推動卡城華人耆英會的良好發展。雖然卡城華人耆英會需要你對違反保密協議的行為負責,但卡城華人耆英會在任何法律行動方面是無法維護你的。

□ 我已經閱讀上面所載卡城華人耆英會在保密及保密聲明方面的政策,我同意遵守有關政策的規定,我相信有關政策已遭違反,蓄意或非蓄意也好,我需要立即通知我的上司或總幹事,我明白違反上述政策會導至我作為卡城華人耆英會職員、義工及/或理事的職位。

放棄追討責任聲明

	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間的任何身體及物資損失,損壞,受傷,死亡或財物損失,耆英會
■ 我同意卡城華人耆英會就課程、活動、	項目及耆英會服務相關之事宜聯絡本人。
□ 我同意凡參加卡城華人耆英會活動所:	拍攝之個人照片和影像歸耆英會所有,可作耆英會服務宣傳之用。
姓名:	簽署:
見証人:	簽署:
有效年份:	

*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 "The Calgary Chinese Elderly Citizens' Association", about the program and your position in general, but you are not permitted to disclose client's 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.

The Calgary Chinese Elderly Citizens' Association 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 board or director position. This agreement is intended to protect you as well as clients and The Calgary Chinese Elderly Citizens' Association.

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, client support 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 The Calgary Chinese Elderly Citizens' Association 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 The Calgary Chinese Elderly Citizens' Association.

	Waiver and Release
of The Calgary Chinese Elderly Citiz participant does so at their own risk. O	Eparticipation in any program, volunteer service or travel provided on behalt zens' Association (CCECA), its agents, volunteers, and employees that the CCECA, its agents, volunteers or employees are not liable for any physical of life or cost resulting from, or in connection with such participation.
☐ I understand that CCECA will corprovided by the center.	ntact me for classes, events, programs and other purposes related to services
☐ I agree that photos and videos to properties of CCECA and may be used	aken of me during participation in any activity provided by CCECA are d for promotional purposes.
Name:	Signature:
Witness:	Signature:

For the year: