

Volunteer Application Form 義 工 申 請 表



網上申請表 Apply online at https://volunteer.yeehong.com/volunteer-application-form/

Name: 姓名: Last Name 姓 First Name 名 中) Gender: ¹ 文姓名 性別	Birth date:MM/YYYYY 出生年月			
Home Address:	eet/街名				
City: Province: 市鎮 省	Fostal Code 郵區號碼				
Telephone: Mobile: Res. (電話號碼: 手提 住宅	—)			
E-mail: 電子郵件					
□ I agree and consent to Yee Hong contacting m from me. 本人同意並授權頤康中心以電郵方式					
Emergency Contact: Name: 緊急時通知之親友 姓名:	Relationship: 關係:	Phone(s): 電話號碼:			
Profession: 職業					
Volunteer Experience: No. □ / Yes □ if y 義工經驗					
Area of Education: 學科背景	-				
Language Spoken: English □ / Cantonese □ / Mandarin □ / Others: 語言 英文 廣東話 國語 其他					
Writing Skill: English □ / Chinese □ / 書寫能力 英文 中文					
Computer Skills: Typing □ / Programming □ / Chinese Word Processing □ 電腦技能 電腦打字 電腦程式 中文電腦打字 輸入法					
Special Skills: Design □ / Account □ / Other Interests: 特別技能 設計 會計 其他興趣					
Ontario Driving Experience:Ye 安省駕駛經驗					
Car Available? Yes □ / No. □ T 是否擁有車輛可供使用? 是 否	ype of Vehicle: Sedan □ / i 車輛種類 私家車	Minivan/SUV □ 家庭車			
Please check below as applicable. 請在下面以 X 註明適用之選項。 ☐ I need special accommodation in performing your volunteer duties. 我在執行義工職責時需要特別安排。 ☐ I am a staff of Yee Hong and I have informed my supervisor of my intention to register as a YH volunteer. 我現時是頤康中心職員,並已知會上司我準備登記成為義工。 ☐ Division / Department 所屬部門/單位:					
For Office Use Only	Volunteer ID				
Orientation Date	Police check Date				
Interview Date Remark	Job Assignment Date	Signature:			
Kelliark		Signature.			

	Name	Phone ID #				
	Please choose the volunteer job(s) and the centre you are interested in:					
	一 請選出阁下有興趣 Job/職 位	应的地區及志願工作: ☐ McNicoll ☐ Markham ☐ Finc (T)=TB screening 肺病測試; (P)=Police check 犯案記錄	h □ Mississauga Time /時間			
	300/4敗 位人	required	Time /时 自			
0	Program Assistant in nursing home 活動助理 - 護理院	Help with arts and crafts, singing, exercises, games, birthday parties and festivals. (T/P) 協助護理院的長者參加活動,如美術及手工藝、歌唱、簡單運動、遊戲、生日會及節日慶祝等。	Weekday & weekend: morning, afternoon or evening 平日或周末 早、午或晚			
٥	Assistant with Meals 院舍餵食服務	Assist frail residents to take meals. (T/P) 在護理院裏協助體弱的長者進餐。	8:00-9:00AM;12:00- 1:00 PM; 5:00-6:00PM 早、午、晚餐時間			
	Program Assistant in community programs 活動助理 - 社區	Escort seniors to and from bus to activity room; prepare program materials, help deliver programs; settle and serve seniors in cafeteria 協助體弱長者、中風康復者、孤獨老人及患早期失智症的病人參加社區日間服務。	9:30AM - 2:30PM			
<u> </u>	Driver 交通接送	Deliver seniors to and from programs, special events or medical appointments, or deliver meals to senior housing; may use YH or own vehicle. 以車輛接送長者。	Mostly early morning and early afternoon 主要是清晨及午後			
٥	Escort / Shopping 護送/購物	Escort and assist seniors in their travel to and from Yee Hong facilities. 護送和協助長者上落車輛,往返頤康中心。	Mostly late morning and early afternoon 主要是早上及午後			
٥	Friendly Visiting 親善探訪	Visit and chat with residents in the nursing home (T/P) or isolated seniors in the community. (P) 探訪護理院的長者或社區裏孤獨、體弱的長者,與他們聊天。	Hours to be arranged 時間個別安排			
٥	Phone Chat 電話慰問	Periodically call isolated seniors to make sure they are physically and emotionally well. (P) 定期致電獨居長者,以確保他們身體和情緒安定	Hours to be arranged 時間個別安排			
	Meal Delivery 送餐	Deliver meals to isolated seniors in the community. 送餐給社區裏獨居的長者	Pre-meal hours 早、午、晚餐前			
	Kitchen Help 廚房助理	Assist in meal preparation in the kitchen. (T/P) 在厨房裏協助準備膳食。	8:30 – 11:30AM			
	Breakfast Help 早餐服務	Set up and serve breakfast in cafeteria. (T/P) 服務站擺置及售賣早餐	7:30 – 11:00AM			
	Laundry Help 洗衣房助理	Fold and sort cleaned clothing and linen. (T/P) 將已洗乾淨的衣物和床單褶好及分類。	9:00 – 11:00AM			
	Office and Clerical Duties 辦公室及文書工作	Office duties in general: data entry, filing, faxing, mailing and other office duties; skills in graphic design and translation will be an asset. (T/P) 協助輸入資料、存檔、傳真、郵寄及其他辦公室事務;有平面設計和翻譯技巧者優先考慮。	Office hours 辦公時間			
	Reception Desk 接待處	Assist in reception desk, routing phone calls and answering simple inquiries (T/P). 協助接待處、接聽電話及回答簡單諮詢。	Office hours 辦公時間			
	Interest Class instructor 興趣班導師	Teach interest classes for seniors and adults. 教導長者及成人興趣班。	Hours to be arranged 時間個別安排			
	我答應參與義務工作直至: 三個月 四至六個)					
	Have you been convicted of a criminal offence for which a pardon has not been granted? 你有没有未經赦免的刑事紀錄? ☐ Yes 有 ☐ No 没有					
>	While working as a volunteer at Yee Hong, it is your responsibility to notify us timely if you have been charged for a criminal offence. 若你在頤康從事義工服務之際犯上刑事案件,請儘速通知我們。					
	Signature 簽 名: Date 日 期:					



Name of Witness (Please Print)

CONFIDENTIALITY AGREEMENT

Name:				
		(Please Print)		
Aff	Affiliation with Yee Hong Centre:			
	(For example, employee, physician, volunteer, boa	ard of director, student, v	rendor, contractor, researcher and consultant)	
1.	 During my association with the Yee Hong information and material relating to clients the organization, which is of a private and 	s, employees, Board of		
2.	At all times, I shall respect and protect th and all associated individuals.	e privacy of clients, er	nployees, Board of Directors, volunteers	
3.	 I shall treat all The Centre records as con- confidentiality. Confidential information staff or volunteer information or financial face to face conversation, email, paper, fa 	for the purpose of this I or other information	Agreement include: client information, transmitted via computer, telephone or	
4.	 I shall not read records or discuss, divulg is a legitimate purpose related to my asse 			
5.	I shall ensure that private and confidential disclosed either directly by me or by virtu			
6.	 I understand that violations to privacy an Accessing personal health informatio Misusing or disclosing personal infor copy) without proper authorization. Altering personal information of clien Disclosing to another person my user 	n that I do not require mation (verbally, throu at or other employees.	for work purposes. ugh the computer system or in hard	
7.	7. I shall only access, use, and transmit priv hardware, software, or other equipment,			
8.	8. I understand that The Centre will conduct its privacy policy.	t periodic audits to ens	sure compliance with this agreement and	
9.	I understand and agree to abide by the co even if I cease to have an association wit		nis agreement which will remain in force	
10.	10. I understand that should any of the above up to and including termination of emplo Board, termination of a contract, or simila	yment, loss of privileg	ges, termination of the tenure on the	
ha	l have read and understand the terms of this	Confidentiality Agree	ment.	
Na	Name (Please Print)	Signature	Date	

Witness - Signature

Date



見証人姓名:

頤康中心保密協議書

(本文件內容以英文原文為準,中文譯本只供參考之用。所有資料 必須在英文版本上填寫及簽署。)

日期:

姓名:				
與頤康中心之關係:				
1.	在本人與頤康中心(中心)往還期間,本人將會接觸到與接受服務人士、職員、董事局、義工、其他 有關人士,又或頤康機構本身有關的個人和機密資料。			
2.	無論何時,本人都會尊重和保護接受服務人士、職員、董事局、義工及所有有關人士的個人私隱。			
3.	本人會將所有中心的記錄當作機密資料處理,予以保密。本協議書所提及的保密資料包括接受服務人士、員工或義工的個人資料,或中心的財務或其他資料,不論這些資料是透過電腦、電話、面談、電子郵件、文件、傳真、數據機、投影機或無意中獲得的。			
4.	除非是關係到本人與頤康中心往還所需,本人將不會閱讀或討論,洩露或披露任何中心的資料。			
5.	本人保證本人不會或讓其他人士憑藉本人的密碼或保安渠道進入中心內或其資料庫中不適當地獲取、 使用或公開中心的私人或機密資料。			
6.	本人明白到侵犯私隱和違反保密可包括但並不局限於下列情況: ·獲取與工作無關的個人健康資料。 ·在未經授權下,不當地使用或披露個人資料,無論是透過談話、電腦系統或文件傳送。 ·更改接受服務人士或其他員工的個人資料。 ·向他人透露本人進入電腦資料庫的用戶名稱和/或密碼。			
7.	本人只會根據職責所需,採用機構特許的硬件,軟件或其他設備來獲取、使用或轉送個人和機密的資料。			
8.	本人明白中心將會作定期審核,以確保本協議的條款及機構的私隱政策被嚴格遵從。			
9.	本人明白及同意遵守本協議所列出的條款,即使在本人與頤康中心的往還關係終止後,本協議仍然有效。			
10.	本人明白倘若觸犯上述任何一項條款,本人有可能受到處分。這包括解僱、喪失特許權利、終止董事 局任期、取消合約或切合本人與頤康中心的關係的適當處分。			
本人經已閱讀及了解這份保密協議書的各項條款				
<u>姓名</u>	ろ:			

簽名: