



Volunteer Application Form
義工申請表

Name: _____, _____ () Gender: _____ Age Range: ☐ 16 to 17 ☐ 18 to 25
 姓名: Last Name 姓 First Name 名 中文姓名 性別 年齡層 ☐ 26 to 35 ☐ 36 to 45
☐ 46 to 55 ☐ 56 to 65
☐ 66 to 75 ☐ 76+
 Home Address: _____
 住址: _____ Street/街名
 City: _____ Province: _____ Postal Code: _____
 市鎮 省 郵區號碼
 Telephone: Mobile: _____ Res. () _____ Office: () _____
 電話號碼: 手提 住宅 公司
 E-mail: _____
 電子郵件
☐ I agree and consent to Yee Hong contacting me through e-mail on information related to Yee Hong until further notice from me. 本人同意並授權頤康中心以電郵方式聯絡本人, 傳遞有關頤康之資訊, 直至另行通知為止。
 Emergency Contact: Name: _____ Relationship: _____ Phone(s): _____
 緊急時通知之親友 姓名: 關係: 電話號碼:

Profession: _____ Working Experience: _____
 職業 工作經驗
 Volunteer Experience: No. ☐ / Yes ☐ if yes, please specify: _____
 義工經驗 否 是 請說明
 Education Level: High School ☐ / Post-Secondary ☐ / University ☐ Major: _____ Others: _____
 教育程度 中學 大專 大學 主修 其他
 Language Spoken: English ☐ / Cantonese ☐ / Mandarin ☐ / Others: _____
 語言 英文 廣東話 國語 其他
 Writing Skill: English ☐ / Chinese ☐ / Others: _____
 書寫能力 英文 中文 其他
 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 ☐ / Accounting ☐ / Other Interests: _____
 特別技能 設計 會計 其他興趣 _____
 Ontario Driving Experience: _____ Year(s)
 安省駕駛經驗 年
 Car Available? Yes ☐ / No. ☐ Type of Vehicle: Sedan ☐ / Minivan/SUV ☐
 是否擁有車輛可供使用? 是 否 車輛種類 私家車 家庭車

For Office Use Only			
Orientation Date		Police check Date	
Interview Date		Job Assignment Date	
Remark			Signature:

Yee Hong Centre for Geriatric Care respects your privacy. We are committed to keeping your personal health information safe and confidential. We have a Corporate Privacy Policy which complies with the Personal Health Information Protection Act (PHIPA) and the Freedom of Information and Protection of Privacy Act (FIPPA). 頤康中心尊重閣下的個人私隱, 並致力保障你個人健康資料的安全及保密。頤康的私隱政策符合「個人健康資料保障條例」及「資訊自由及私隱保護條例」的規定。

Name _____ Phone _____ Vol ID # _____

Please choose the volunteer job(s) and the centre you are interested in:

請選出閣下有興趣的地區及志願工作: ☐ McNicoll ☐ Markham ☐ Finch ☐ Mississauga

Job/職位	Job Description & Requirements 職位簡介及要求 (T)=TB screening 肺病測試; (P)=Police check 犯案記錄	Time /時間
<input type="checkbox"/> 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
<input type="checkbox"/> Assistant with Meals 院舍進餐助理	Assist frail residents to have 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> Kitchen Help 廚房助理	Assist in meal preparation in the kitchen. (T&P) 在廚房裏協助準備膳食。	8:30 - 11:30AM
<input type="checkbox"/> 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
<input type="checkbox"/> 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摺好及分類。	9:00 - 11:00AM
<input type="checkbox"/> 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
<input type="checkbox"/> 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
<input type="checkbox"/> 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

I can commit myself to the voluntary work for:

我答應參與義務工作直至:

☐ 3 months

三個月

☐ 4-6 months

四至六個月

☐ > 6 months

六個月以上

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 沒有

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, 請盡促通知我們。

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: _____

Signature 簽名: _____ Date 日期: _____



**Yee Hong Centre
For Geriatric Care**

頤康中心

CONFIDENTIALITY AGREEMENT

Name: _____
(Please Print)

Affiliation with Yee Hong Centre: _____
(For example, employee, physician, volunteer, board of director, student, vendor, contractor, researcher and consultant)

1. During my association with the Yee Hong Centre For Geriatric Care (The Centre), I will have access to information and material relating to clients, employees, Board of Directors, volunteers, other individuals, or the organization, which is of a private and confidential nature.
2. At all times, I shall respect and protect the privacy of clients, employees, Board of Directors, volunteers and all associated individuals.
3. I shall treat all The Centre records as confidential information, and I will protect them to ensure full confidentiality. Confidential information for the purpose of this Agreement include: client information, staff or volunteer information or financial or other information transmitted via computer, telephone or face to face conversation, email, paper, facsimile, modem, or overhead or received inadvertently.
4. I shall not read records or discuss, divulge, or disclose such information about The Centre, unless there is a legitimate purpose related to my association with The Centre.
5. I shall ensure that private and confidential information is not inappropriately accessed, used or disclosed either directly by me or by virtue of my password or security access to premises or systems.
6. I understand that violations to privacy and confidentiality may include but are not limited to:
 - Accessing personal health information that I do not require for work purposes.
 - Misusing or disclosing personal information (verbally, through the computer system or in hard copy) without proper authorization.
 - Altering personal information of client or other employees.
 - Disclosing to another person my user name and/or password for accessing electronic records.
7. I shall only access, use, and transmit private and confidential information using organization-authorized hardware, software, or other equipment, as required by the duties of my position.
8. I understand that The Centre will conduct periodic audits to ensure compliance with this agreement and its privacy policy.
9. I understand and agree to abide by the conditions outlined in this agreement which will remain in force even if I cease to have an association with The Centre.
10. I understand that should any of the above conditions be breached, I may be subject to corrective action up to and including termination of employment, loss of privileges, termination of the tenure on the Board, termination of a contract, or similar action appropriate to my association with The Centre.

I have read and understand the terms of this Confidentiality Agreement.

Name (Please Print)

Signature

Date

Name of Witness (Please Print)

Witness - Signature

Date



**Yee Hong Centre
For Geriatric Care**

頤康中心

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。)

姓名: _____

與頤康中心之關係: _____

(例如: 職員、醫務人員、義工、董事、學員、供應商、承包商、調查員及顧問)

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，即使在本人与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

姓名: _____ 簽名: _____ 日期: _____

見證人姓名: _____ 簽名: _____ 日期: _____