



太和观 THK

# THYE HUA KWAN

NURSING HOME LIMITED

THK NURSING HOME @ HOUGANG

太和观疗养老院

48 Hougang Avenue 8

Singapore 538793

Tel: +65 6812 9840

Fax: +65 6812 9869

Email: enquiry@thknh.org.sg

Website: www.thknh.org.sg

## Volunteer Application Form

### Personal Particulars

Full Name (As in NRIC) (Mr/Mrs/Ms/Mdm/Dr/Sir):

\_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle Name) \_\_\_\_\_ (Last Name)

Chinese Characters (If available):

\_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

NRIC/FIN/Passport No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Home Address: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Children: \_\_\_\_\_

Religion: Buddhism/Christianity/Catholicism/Hinduism/Islam/Sikhism/Taoism/None/Others: \_\_\_\_\_

Occupation:	<input type="checkbox"/> Employed	<input type="checkbox"/> Self-Employed	<input type="checkbox"/> Student
	Nature of Job: _____		Name of School: _____
	Name of Company: _____		Course: _____
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Others: _____

Language Proficiency:  English  Malay  Cantonese  Teochew  
 Mandarin  Tamil  Hokkien  Other: \_\_\_\_\_

Written Languages:

English  Chinese  Malay  Tamil  
 Other: \_\_\_\_\_



太和观 THK

# THYE HUA KWAN

NURSING HOME LIMITED

THK NURSING HOME @ HOUGANG

# 太和观疗养老院

48 Hougang Avenue 8

Singapore 538793

Tel: +65 6812 9840

Fax: +65 6812 9869

Email: enquiry@thknh.org.sg

Website: www.thknh.org.sg

## Contact Information

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Email: \_\_\_\_\_

## Areas of Service Interest (Please tick top 3 interests)

- |  |   |
|--|---|
| <input type="checkbox"/> Art & Craft                                       | <input type="checkbox"/> Fundraising Activities |
| <input type="checkbox"/> Administration                                    | <input type="checkbox"/> Gardening              |
| <input type="checkbox"/> Assist with Feeding                               | <input type="checkbox"/> Haircut Service        |
| <input type="checkbox"/> Assist with Occupational & Physiotherapy Sessions | <input type="checkbox"/> Housekeeping           |
| <input type="checkbox"/> Befriending                                       | <input type="checkbox"/> Outings                |
| <input type="checkbox"/> Cooking   | <input type="checkbox"/> Sewing                 |
| <input type="checkbox"/> Exercise  | <input type="checkbox"/> Others: _____          |
| <input type="checkbox"/> Entertainment (E.g. Karaoke)                      |   |

## Availability to Volunteer (Please Tick)

Time/Day	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Volunteer Period:

- Regular  < 6 months

## Let Us Know You Better!

1. How did you hear about us?

\_\_\_\_\_

2. Do you have any previous/current voluntary work experience?

- Yes, please specify (VVO name/task): \_\_\_\_\_  No

3. What motivates you to volunteer with Thye Hua Kwan Nursing Home?

\_\_\_\_\_

4. List some of your skills and expertise:

\_\_\_\_\_

5. Are you suffering from any physical impairment or disease?

- No  
 Yes, please elaborate: \_\_\_\_\_



太和观 THK

**THYE HUA KWAN**  
**NURSING HOME LIMITED**  
**THK NURSING HOME @ HOUGANG**  
**太和观疗养老院**

48 Hougang Avenue 8  
Singapore 538793  
Tel: +65 6812 9840  
Fax: +65 6812 9869  
Email: enquiry@thknh.org.sg  
Website: www.thknh.org.sg

6. Have you been convicted of or pleaded guilty to any crime(s)?

- No
- Yes, please elaborate: \_\_\_\_\_

7. Are you affiliated and/or have dealings/transactions with any vendor, supplier or any other party who is providing or bidding to provide service to Thye Hua Kwan Nursing Home?

- No
- Yes, please elaborate: \_\_\_\_\_

Volunteers will abide by the Code of Conduct (Annex A), any infringement will result in him/her being liable to action taken by Thye Hua Kwan Nursing Home Limited.

**Personal Data Protection Act (PDPA)**

By submitting this volunteer application form, you agree that Thye Hua Kwan Nursing Home may collect, use and disclose your personal data, as provided in this application form, or obtained by our organisation as a result of your consent.

In relation to the PDPA, we would like to seek your consent for the following: (Please tick on the boxes to indicate your consent)

I hereby give my consent for mentions and publicity for events and activities, including photographs/videos and social media, by Thye Hua Kwan Nursing Home.

- Yes
- No

I would like to receive updates, news and other volunteer related matters from Thye Hua Kwan Nursing Home through:

- Mail
- Email
- Phone /Messages

Acknowledging all of the above:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



太和观 THK

**THYE HUA KWAN**

**NURSING HOME LIMITED**

**THK NURSING HOME @ HOUGANG**

**太和观疗养老院**

48 Hougang Avenue 8

Singapore 538793

Tel: +65 6812 9840

Fax: +65 6812 9869

Email: [enquiry@thknh.org.sg](mailto:enquiry@thknh.org.sg)

Website: [www.thknh.org.sg](http://www.thknh.org.sg)

## Annex A

### Code of Conduct

- **Integrity**  
Volunteers are expected to be honest and upright. Volunteers will serve their assignment(s) without remuneration and do not accept personal favours or gifts so as to maintain the integrity of serving for community good.
- **Impartiality**  
Volunteers are expected to act with fairness. They should not allow personal relationships or considerations, including bias or favouritism to influence the performance when volunteering.
- **Courtesy & Respect**  
Volunteers shall treat their fellow volunteers, THKNH's staff and stakeholders (residents and patients) with courtesy and respect.
- **Diversity**  
Volunteers are expected to practice sensitivity, tolerance, respect and impartiality towards races, religions, cultures, beliefs and backgrounds. Any form of religious activity is strictly prohibited.
- **Accountability**  
Volunteers must act within the scope and limits of their authority at all times. They are to be responsible for their own actions and decisions. If they are in any way responsible for causing harm, damage or inconvenience to others, it is their duty to report to the Volunteer Coordinator to assist in rectifying the damage.
- **Confidentiality**  
Volunteers must respect and safeguard the confidentiality of information which is available or known to them. They should not, without authorisation, disclose any information to anyone for their personal gains. In view of the Personal Data Protection Act, photo and video taking of patients/residents are not allowed while volunteering.



太和观 THK

**THYE HUA KWAN**

**NURSING HOME LIMITED**

**THK NURSING HOME @ HOUGANG**

**太和观疗养院**

48 Hougang Avenue 8

Singapore 538793

Tel: +65 6812 9840

Fax: +65 6812 9869

Email: [enquiry@thknh.org.sg](mailto:enquiry@thknh.org.sg)

Website: [www.thknh.org.sg](http://www.thknh.org.sg)

- **Thye Hua Kwan's Resources**

Volunteers are expected to handle THKNH's resources with care and protect them from loss, damage, misuse and theft.

- **Thye Hua Kwan's Image**

Volunteers will uphold the public image of THKNH and represent the interest of THKNH to the best of their abilities.

- **Communication with Media & External Parties**

Volunteers should not, without authorisation, make direct contact with the media. Any media request should be directed to the Volunteer Coordinator for follow up.

- **Health & Safety**

Volunteers are expected to co-operate fully with THKNH and observe safety as well as health practices and regulations when carrying out their voluntary activity.

- **Illegal Drugs**

The use, distribution, sale, concealment or possession of illegal drugs within THKNH's premises is strictly prohibited.

**End**