

VOLUNTEER ACKNOWLEDGEMENT FORM

I, _____ (name as in NRIC), having registered as a volunteer with Bartley Community Care Services:

- 1) acknowledge that I have read and agree to accept BCCS terms and conditions on personal data protection, written in accordance with the Personal Data Protection Act (Singapore).
- 2) agree to uphold the requirements on services, policies and conduct listed within the BCCS Volunteer Handbook.
- 3) declare that all the information provided by me is true and correct to the best of my knowledge.

(Signature)

(Date)

Original signed copy to be retained by BCCS

OUR VISION

To see individuals and families in need transformed, enabling them to reach their potential so that they can enjoy meaningful lives and contribute to society.

Personal Data Protection Act (Singapore) BCCS Terms & Conditions

1. By registering with BCCS, you agree that your personal data submitted may be used and/or disclosed for various purposes relating to or in connection with BCCS work and activities, including without limitation, to communicate with you for matters relating to BCCS.
2. You acknowledge that BCCS shall be at liberty to use any recordings and photographs that may have been made of you by BCCS during BCCS work and activities, for publications or communication purposes whether now or in the future.
3. You further agree that you shall not publish nor release any data of beneficiaries, fellow volunteers or staff/officers relating to or in connection with BCCS activities, without prior consent from BCCS and the affected individual.
4. The Terms and Conditions shall be governed by and construed in accordance with the laws of the Republic of Singapore and you agree to submit irrevocably to the jurisdiction of the Courts of the Republic of Singapore.

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PROGRAMS AND ACTIVITIES YOU CAN VOLUNTEER IN

BCCS CAPLE /i/ Child And Parent Learning Experience (Phonics & Maths)

Saturdays, 2-4:30pm, Hope Centre, June–November (training in May)

Parent Children No Preference

BCCS KidsAglow @Zhonghua **Reading & Crafts**

Weekdays, 2-4:30pm, Zhonghua Primary School, April–November

BCCS Tuition. @Bartley **English, Maths & Science**

Saturdays, 10am–12pm, Bartley Tuition Centre/ Hope Centre, during the school term, a commitment of a minimum 6 months is preferred

Please select

Level Primary Secondary No Preference
Subject (Choose 1 to tutor) Maths English Science

BCCS KidsZone @Cedar **Befriend, mentor, reading, games, sports & hobbies**

Any weekday 2-5pm @Cedar Primary School or Zhonghua Primary School, during school term

Monday Tuesday Wednesday Thursday Friday

BCCS YouthZone **Befriend, mentor, build positive character traits**

Saturdays, monthly; HOPE Centre; Activities Workshops Talks

BCCS FamilyZone **Befriend, care and assist needy elderly**

Lunch distribution 2 Saturdays/mth; weekly home visitation; Monthly Active Aging events with elderly at Lorong Lew Lian

BCCS Hope Program **A Holistic Outreach Program to Empower Individuals & Family**

Counselling & Guidance (by appointment) Tuition (weekdays)
 Child Befriending (monthly, minimum 6 months' commitment) Life Skills Training

pls specify area of expertise

Other areas of service (ad hoc)

Provide support (pls specify e.g. Graphics design, IT support, Fundraising, Photography, Organise events, etc)

Impart skills/ hobbies (pls specify, e.g. Guitar / Drum / Piano lessons, Art & Craft, Soccer, etc)

Conduct workshops (pls specify area of expertise e.g. Managing finances, Parenting skills etc)

Render Professional services (pls specify e.g. Physiotherapy, Dentistry, Social Welfare, Childhood Education etc)

Available days / time slots for ad hoc volunteering (pls check all available slots)

Weekdays: Morning Afternoon Night

Weekends: Morning Afternoon Night

THANK YOU! PLEASE MAIL OR EMAIL/FAX THE COMPLETED FORM TO:

VOLUNTEER MANAGEMENT COMMITTEE
Bartley Community Care Services, 8 New Industrial Road
#05-01 LHK3 Building Singapore 536200 info@bccs.org.sg
Tel: 68850432 Fax: 63832491 www.bccs.org.sg

In the light of the profile of beneficiaries under our care, we reserve the right to turn down your application if the info you shared is not clarified to the level of our satisfaction.

CONFLICT OF INTEREST - VOLUNTEERS

1. Volunteers must act in the best interests of BCCS.
2. Volunteers are required to complete the BCCS CONFLICT OF INTEREST disclosure form (provided), to state whether he/she has:
 - **NIL** conflict of interest, OR
 - **Vested interest** in any of the following situations:
 - Interest in business transactions and contracts that BCCS may enter into.
 - Interest in organizations that BCCS has dealings with or is considering entering into joint ventures with.
 - Interest as BCCS' suppliers, service users or beneficiaries.
 - **Affiliation** with any BCCS Board or staff.
3. A volunteer with vested interest or affiliation would be required to abstain from discussion and decision-making on the related matters, including voting on the transaction or contract where applicable.

Conflict of Interest Disclosure Form - Volunteer

With regard to my voluntary service with Bartley Community Care Services (BCCS), I have the following potential conflict of interest to report:

- NIL conflict of interest.
- I am affiliated¹ to another charity.
- I am affiliated to a staff of BCCS.
- I am affiliated to a vendor, supplier or other party providing/bidding for services, having a direct or indirect interest in business transactions and contracts with BCCS.
- I have business dealings or transaction with a vendor, supplier or other party that could result in benefit to me.
- I am seating in the Board of another organisation
(state name of organisation, appointment, date of appointment, nature of business)

- Others *(please state)*:

Please elaborate on the potential conflict arising from the above situation with regards to the transaction concerned (e.g. nature of service/transaction, if affiliated person involved, the identity of the affiliated person and your relationship with that person):

Declaration:

I confirm that the disclosure made above are complete and correct to the best of my information and belief. If I become aware of any information that might indicate that this disclosure is inaccurate or that I have not complied with the conflict of interest policy, I will notify the Board or Management immediately.

Name & Signature

Date

¹ Affiliated refers to the following: Spouse, domestic partner, child, mother, father, brother or sister or close associates; any corporation, business or non-profit organisation of which you serve as staff, officer, board member, partner, participate in management or are employed by; any trust or other estate in which you have a substantial interest or as to which you serve as a trustee or in a similar capacity.