VOLUNTEER REGISTRATION FORM

Volunteer's Information:

Name (Dr / Mr / Mrs / Miss / Mdm): _____

NRIC/Passport No.: _____

Telephone No: _____

Email: _____

Address: _____

Volunteer's Consent:

I. As a volunteer of Centre For Seniors, I agree to treat all personal information of clients as confidential (including pictures and videos of clients, programmes or events, etc.) and will not collect, use or disclose such information without the permission of Centre For Seniors.

II. I fully understand and agree that the personal information which I have provided to Centre For Seniors about myself may be disclosed to other agencies or individuals for the purpose of programme administration and/or event management.

III. I give/ do not give * my consent for Centre for Seniors to take photograph(s)/video recording(s) of me in connection with my participation as a volunteer and use the photograph(s)/video(s) for the purpose of publicity in its print and/or electronic media.

Name : _____

Signature: _____

Date: _____

* Please delete accordingly.