

“Friends in the Orchid Room” Befriending Programme

In partnership with the Agency for Integrated Care

Join us as a volunteer to befriend women beneficiaries from less privileged backgrounds.

Recruitment Criteria

- Women between 17 years old to 65 years old
- Able to attend Volunteers Briefing session on 30 March 2019 (Sat), 10am at **SSA Headquarters (10 Tampines Street 81, S529014)**
- Able to commit (at least 2 of 3) of the following dates:
Befriending duty on **27 April, 25 May, 29 June 2019 (Sat) from 9am – 12pm.**
Gathering Point @ **SSA Headquarters.**
- In good health and physically fit
- Ability to speak dialect(s) or Malay language is an advantage

Registration

Registration Forms can be obtained:

- On the SSA website(ssabuddhist.org) under Members’ Resources → Quick Download
- From **SSA Headquarters, Soka Youth Centre(SYC) and Senja Soka Centre(SJSC).**

Completed registration form can be submitted through email to Ms Soh Wei Fong at weifong@ssabuddhist.org or can be submitted to SSA HQ,SYC or SJSC.

Registration deadline: **22 March 2019.**

We look forward to your participation and support!
For any queries, please contact Ms Soh Wei Fong at weifong@ssabuddhist.org or call 6551 8985.





**Friends in the Orchid Room(F.O.R) Befriending Programme
Registration Form**

“兰室之友关怀计划” 报名表格

Personal Particulars 个人资料			
Name (As in NRIC) 姓名		Occupation 职业	
Contact number 联络号码 (H/P 手机)		Email 电邮	
Date of Birth 出生日期	Nationality 国籍	Race 种族	
Division 部别: WD 妇人部 / YWD 女子部			
Position 役职: Leader 干事 / Member 会员 / Believer 会友 / Friend of SSA 朋友			
RHQ 区域总部	Zone 本部	Chapter 支部	District 地区
For Friend of SSA 朋友			
Name of Introducer 介绍者姓名:			
Contact no. 联络号码:			
Membership in Other SSA Groups 参与其他 SSA 文化 / 营运小组:			
Are you able to attend briefing on 30 Mar 2019 and commit to 3 duties(27/4,25/5 & 29/6)? Yes / *No 您能否出席 3 月 30 日的说明会及参加三次的值勤 (27/4, 25/5 & 29/6)? 能/*不能			
* If your response is "No" for the above, we seek your understanding that your application is subjected to organising committee's final acceptance. *如回复“不能”，筹委会将决定是否接受您的报名申请，敬请见谅。			
For Emergency Use 作为紧急使用			
I am in good health and physically fit. 我的身体健康。 YES / NO 是 / 否			
Please state CLEARLY your current medical condition(s) 请注明目前的健康状况:-			
Next of Kin's particulars 亲属资料			
Name 亲属名字 _____		Contact number 联络号码 _____	
Relationship to the applicant 与报名者的关系 _____			

Please refer to Page 2 请参阅背面

I have read and fully understood the conditions stated below. 我已阅读并充分理解以下说明。

1) I consent to disclose the above-stated information to Singapore Soka Association to facilitate my registration for the F.O.R Befriending Programme; and I agree to the organizing committee's use of this information for the purpose of contacting me for event participation.

我同意给予新加坡创价学会以上资料，以利便我参与兰室之友关怀计划；同时我也同意筹委会使用这些资料作为活动的运作管理之用。

2) I understand that my application will be subject to a selection process by the Organisation.

我了解我的申请将会经过组织进行甄选。

3) I will abide by the Organisation's decision to withdraw my participation should I infringe on any of the rules and regulations of the Organisation including conduct and discipline.

若有违反组织的任何条规，包括品行与纪律方面，我会遵循筹委会取消参加资格的决定。

4) In the event of an accident or emergency, I permit the organising committee to seek treatment for myself as deem appropriate.

发生意外或紧急状况时，我允许筹委会为我安排合适的治疗。

5) I will not hold the Association liable in the event of any injury sustained in the event of my participation.

如果在参加期间受伤，我将不会向学会追究责任。

6) I understand that photographs and videos of this event, including my participation, will be taken for the purpose of reporting in the official organ papers and website, and for historical archives.

我明白这项活动，包括我参与时的照片和录影，将会被作为学会刊物和网站，以及学会档案之用。

7) There should be no borrowing or lending of money between participants.

参加者之间绝不能有金钱的借贷。

8) There should be no joint business venture between participants.

参加者之间绝不能合伙做生意。

9) There should be no irresponsible relationship between men and women participants.

男女参加者之间绝不能有不负责任的关系。

Applicant's Signature 报名者签名_____

Date 日期_____