



Volunteer Programs Application

PART 1: A current resume is required for position applied for medical position

Name:

Correspondence Address:

Email Address:

Phone No(s):

Best Time to Call:

Emergency Contact Info:

Name:

Phone No(s):

PART 2: Area(s) of Interest and Skill:

Public Relations & Marketing:

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Art & design | <input type="checkbox"/> Publishing |
| <input type="checkbox"/> Writing & Editing | <input type="checkbox"/> Research |
| <input type="checkbox"/> Fundraising | |
| <input type="checkbox"/> Please specify: | |

Project Management

- | | |
|--|--|
| <input type="checkbox"/> China mission trips | <input type="checkbox"/> Conferences |
| <input type="checkbox"/> Chaperon children in HK | <input type="checkbox"/> Concerts |
| <input type="checkbox"/> Fundraising events | <input type="checkbox"/> Dinner events |
| <input type="checkbox"/> Please specify: | |

Outreach & Events:

- | | |
|---|---|
| <input type="checkbox"/> Bi-annual concert – Musicians | <input type="checkbox"/> Prison visit |
| <input type="checkbox"/> Bi-annual concert – Planning & Logistics | <input type="checkbox"/> Fundraising events |
| | <input type="checkbox"/> Dinners & gatherings |

Music:

- | | |
|--|---|
| <input type="checkbox"/> Instrument | <input type="checkbox"/> Orchestra experience |
| <input type="checkbox"/> Prison | <input type="checkbox"/> Concerts |
| <input type="checkbox"/> Interested to observe and learn | |

Personnel:

- Selecting, approving and managing volunteers; providing a contact point for volunteers and carers

Logistics:

- | | |
|---|---|
| <input type="checkbox"/> Supplies for trips | <input type="checkbox"/> Visa extension in HK for patients and caregivers |
| <input type="checkbox"/> Supplies for patients and caregivers | <input type="checkbox"/> Filing |
| <input type="checkbox"/> Writing protocol | <input type="checkbox"/> Organization development |

- Medical :**
- | | |
|---|---|
| <input type="checkbox"/> Specialties/ year of certification | <input type="checkbox"/> Sub-specialties/ year of certification |
| <input type="checkbox"/> Experience with children | <input type="checkbox"/> Willing to travel |
| <input type="checkbox"/> happy to support with logistics | <input type="checkbox"/> Interested to observe/ learn |
- IT support:**
- | | |
|----------------------------------|--|
| <input type="checkbox"/> Website | <input type="checkbox"/> Apps |
| | <input type="checkbox"/> Slideshows and Videos |
- Others:**
- | | |
|--|--|
| <input type="checkbox"/> Please specify: | |
|--|--|

PART 3: Questions for all volunteer positions:

1. Where/how did you hear about MedArt?
2. Why do you want to volunteer with MedArt?
3. What are your expectations – both professionally and personally – for this volunteer experience?
4. Have you applied for work/volunteered for MedArt/other NGO before? If yes, please explain?
5. The mission of MedArt is to serve the forgotten, to share thru medicine and art in our community and with others even less fortunate. Please tell us what this means to you.
6. Are there any health considerations that might affect your work or placement within MedArt?
7. What is your time commitment to serve, for 3 / 6 / 9 / 12 / 24 months, etc.?
8. Would you like to receive MedArt news? If so, please tick this box:
9. Would you like to become a member (a one-time membership fee is HK\$50)? If so, please tick this box:

Applicant Signature

Date:

All personal data and other information disclosed in this form are subject to our privacy policy, which may be downloaded from our website at www.medart.org.hk, and is also available on written request to our data protection officer at: Med-Art Limited, China Orphan Outreach Program, Suite 631, Central Building, Pedder Street, Central, Hong Kong.

The information collected about you in this form will be used by us to maintain a register of volunteers, contact you with respect to general updates, events and activities and for follow up actions with respect to your registration as a MedArt volunteer. Whilst the provision of your personal data is voluntary, if you do not provide sufficient contact information, we may not be able to contact you.

Personal data we collect about you will not be disclosed by us to any other party without your consent unless it is permitted or authorized by law.

Under the Personal Data (Privacy) Ordinance, you have a right to request access to and correction of information about you held by us. If you wish to do so, you should send your request to our data protection officer at: Med-Art Limited, China Orphan Outreach Program, Suite 631, Central Building, Pedder Street, Central, Hong Kong.

IMPORTANT NOTE TO VOLUNTEER: *This is a legal document which affects your legal rights. Please read and understand this document before signing. If you have questions about this document, please consult a legal advisor.*

Please complete this form in order to be considered, and print all information in blanks provided.

Deed of Release and Waiver of Liability

This Deed of Release and Waiver of Liability (the “**Deed**”) is executed on _____
(insert date) by _____(insert name of volunteer) of
_____(insert address of volunteer) (the
“**Volunteer**”) in favor of Med-Art Limited (“**MedArt**”), a company limited by guarantee without a share capital organized and existing under the laws of Hong Kong, each of its directors, officers, employees, and agents.

Recitals:

- A. The Volunteer desires to provide volunteer services for MedArt and engage in activities related to serving as a volunteer (collectively, the “**Services**”).
- B. The Volunteer understands and acknowledges that: (i) the scope of his/her relationship with MedArt is limited to a volunteer position and that no compensation is expected in return for Services provided by the Volunteer; (ii) MedArt will not provide any benefits traditionally associated with employment to the Volunteer; and (iii) the Volunteer is responsible for his/her own insurance coverage in the event of personal injury or illness as a result of his/her Services to MedArt.

THIS DEED WITNESSED AS FOLLOWS:

1. Waiver and Release: The Volunteer hereby releases, forever discharges, agrees not to sue and holds harmless MedArt and its successors and assigns or its officers, directors, employees, sub-contractors, sponsors, agents and affiliates from any and all liabilities, claims, and demands of whatever kind of nature (including those which may be made by his/her family, estate, heirs or assigns), either in law or in equity, which arise or may hereafter arise from the Services provided to and/or participation in any activities with MedArt. The Volunteer further understands and acknowledges that this Deed discharges and releases MedArt from any liability or claim that the Volunteer may have against it with respect to bodily injury, personal injury, illness, death, or property damage that may result from or occurring during the provision of his/her Services.
2. Insurance: The Volunteer further understands that MedArt does not assume any responsibility for or obligation to provide him/her with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. The Volunteer acknowledges that MedArt does not carry or maintain health, medical or disability insurance coverage for any volunteer. The Volunteer hereby expressly waives any such claim for compensation or liability on the part of MedArt beyond what may be offered freely by MedArt in the event of injury or medical expenses incurred by the Volunteer.
3. Medical Treatment: The Volunteer hereby releases and forever discharges MedArt from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during his/her tenure as a volunteer with MedArt.

4. Assumption of Risks: The Volunteer understands that his/her Services provided to and/or participation in any activities with MedArt may include activities that may be hazardous to him/her including, but not limited to, involving inherently dangerous activities. As a volunteer, the Volunteer hereby expressly assumes risk of injury or harm from these activities and releases and discharges MedArt from all liabilities.
5. Photographic Release: The Volunteer hereby irrevocably grants and conveys to MedArt all rights, title, and interests in any and all photographs, images, video, or audio recordings of him/her or his/her likeness or voice made by and/or shared with MedArt in connection with his/her provision of Services to MedArt, including but not limited to any royalties, proceeds or other benefits derived therefrom.
6. Severability: The Volunteer expressly agrees that this Deed is intended to be as broad and inclusive as permitted by the laws of Hong Kong. If any provision (or part of a provision) of this Deed is or becomes invalid, void, unenforceable or illegal in any respect under the laws of Hong Kong, such invalidity, illegality or unenforceability shall not affect the continuation in force of the remainder of this Deed. If any invalid, unenforceable or illegal provision would be valid, enforceable or legal if some part of it were deleted or otherwise modified, the provision shall apply with whatever modification is necessary to give effect to the intents of the parties.
7. Governing Law and Jurisdiction: This Deed shall be governed by and construed in accordance with the laws of Hong Kong. The Volunteer irrevocably agrees for the sole benefit of MedArt that, subject as provided below, the courts of Hong Kong shall have exclusive jurisdiction over any dispute or claim arising out of or in connection with this Deed or its subject matter or formation (including any non-contractual disputes or claims thereof). Nothing in this clause shall limit the right of MedArt to take proceedings against the Volunteer in any other court of competent jurisdiction, nor shall the taking of proceedings in any one or more jurisdictions preclude the taking of proceedings in any other jurisdictions, whether concurrently or not, to the extent permitted by the law of such other jurisdiction.

IN WITNESS WHEREOF, this Deed has been duly executed and delivered as a deed by the parties hereto on the date first mentioned above.

SIGNED SEALED AND DELIVERED)
 AS A DEED BY _____)
) *(insert name of volunteer)*
))
 IN THE PRESENCE OF))
)) Name: _____)
)) *(insert name of volunteer)*

 Name of witness:
 Occupation:
 Address:

EXECUTED AND DELIVERED AS A)
 DEED UNDER THE COMMON SEAL OF)
 MED-ART LIMITED)
 IN THE PRESENCE OF))
)) Name: _____)
)) Authorized Signatory)
)) Med-Art Limited

 Name of witness:
 Occupation:
 Address: