



SILVER RIBBON (SINGAPORE)

Towards Positive Mental Health

www.silverribbonsingapore.com
c/o Tze Hng Wellness Studio
Blk 616 Hougang Ave 8 #01-386
Singapore 530616
Tel 6386 1928

Silver Ribbon (Singapore) Youth Chapter

Member Recruitment Form

Name _____

NRIC/Passport No. _____

Date of Birth _____

Gender Female / Male Age _____

Contact Number _____ (H) _____ (HP)

Email Address _____

Mailing Address _____

Emergency Contact

Name _____

Contact Number _____ (H) _____ (HP)

Relationship _____

Meanwhile, you may wish to indicate any skills, interests or experience that you can contribute to the youth chapter:

- | | |
|--|--|
| <input type="checkbox"/> Photographers | <input type="checkbox"/> Graphic Designers |
| <input type="checkbox"/> Event Coordinators | <input type="checkbox"/> IT Expertise |
| <input type="checkbox"/> Programme Facilitator | <input type="checkbox"/> Emcee |
| <input type="checkbox"/> Artistic / Performing Talent
Please specify: _____ | <input type="checkbox"/> Others: _____ |

Suggestions to combat mental health stigma and encourage treatments:



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Terms and Conditions

By signing below, I acknowledge/agree/certify that:

- 1 (i) I will adhere to safety precautions and follow all reasonable rules and instructions given by management of Silver Ribbon (Singapore) and/or Silver Ribbon (Singapore) Youth Chapter team leaders to protect my safety during my participation at any Silver Ribbon (Singapore) and/or Silver Ribbon (Singapore) Youth Chapter events/projects at all times.

(ii) I waive all claims against Silver Ribbon (Singapore), Silver Ribbon (Singapore) Youth Chapter, partnering agencies, and persons connected with it, from liability for any claim/s or damage/s whatsoever that may arise from my participation at any Silver Ribbon (Singapore) and/or Silver Ribbon (Singapore) Youth Chapter events/projects, including without limitation, personal injury, or loss of life or personal belongings.
- 2 I will protect any/all of Silver Ribbon (Singapore)'s and/or Silver Ribbon (Singapore) Youth Chapter's client/s' identity by NOT taking photographs of the client and his or her relatives and friends and ensure that all information about client/s (name, residential address etc.) will be kept confidential.
- 3 I will ensure that any/all discussions and information, with regards to Silver Ribbon (Singapore)'s and/or Silver Ribbon (Singapore) Youth Chapter's operations/projects, will be kept confidential and are not to be disclosed to any organization and/or individual.
- 4 (i) I am advised against representing Silver Ribbon (Singapore) Youth Chapter when participating in another organization's events where Silver Ribbon (Singapore) Youth Chapter is not involved.

(ii) I am advised against commenting negatively on any organization, including Silver Ribbon (Singapore) and Silver Ribbon (Singapore) Youth Chapter, and/or any individual while serving as a member of Silver Ribbon (Singapore) Youth Chapter.

(iii) I am advised against accepting and/or giving gift/s to client/s and/or resident/s.
- 5 I am required to direct all enquiries or requests (including media enquiries or requests) to Silver Ribbon (Singapore) Youth Chapter team leaders or Silver Ribbon (Singapore) management.
- 6 All information I have provided is true and accurate.
- 7 To receive information from Silver Ribbon (Singapore) through emails, phone calls, SMSes or mails on their event updates, promotions, charity drives and volunteering recruitments.
- 8 I may opt out from Silver Ribbon (Singapore) Youth Chapter mailing list by sending an official letter/email to info@silverribbonsingapore.com
- 9 Silver Ribbon (Singapore) management and Silver Ribbon (Singapore) Youth Chapter team leaders reserve the right to terminate my service immediately in the event of any misconduct, misdemeanor or violation of the above terms and conditions.
- 10 I am required to attend the Orientation & Training Workshop within 6 months of my membership registration.

Acknowledgement by parent/guardian is required for members under 18 years old

Name & Signature of Member/Parent/Guardian

Date

For Official Use

Date Received :	Date of OT attended:	Entered By :
Date Entered Into System :		(Name & Signature)
Status: Accepted / Rejected		