RESPONSE OFFICER APPLICATION FORM 申请表格

Please complete all sections of the form in BLOCK LETTERS and tick (/) all the appropriate boxes. 请用大字母填写所有栏目和勾（/）所有相应的框。

PERSONAL PARTICULARS 个人资料

Full Name (名字)								
NRIC No. (身份证号码)								
Date of Birth (出生日期)		Age (年龄)		Gender (性别)	M (男)		F (女)	
Home Address (住家地址)								
Home Phone No. (住家电话)			Mobile No. (手提电话)					
Email Address (电子邮件地址)								
Marital Status (婚姻状况)	Single (单身)		Married (已婚)		Race: (种 族)			

T-shirt (衣服)		Size 尺寸 : S / M / L / XL / XXL / XXXL
NRIC (1 copy) （身分证）		
Passport-sized photo (2 copies) （护照照片 2 份）		

LANGUAGES SPOKEN （口头语）

English (英文)		Bahasa Malaysia (马来文)		Chinese (中文)		Others (其他)	

If “Others”, please state: (如果选择“其他”，请注明) _____

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CURRENT EMPLOYMENT PARTICULARS (目前的就业详情）

Occupation (职业）			
Company Name 公司名称			
Company Address 公司地址			
Monthly Salary (月薪)			
Office Phone No. (办公室电话号码）		Date Joined (加入日期)	

WORKING HOURS （工作时间）

Daytime （白天）	From:	To:
Night time （晚上）	From:	To:
Off-day(s) （休息日）		
Who will deputize for you, if you were to fall ill or are on leave? Please provide details. (谁将会顶替你，如果你生病或休假？请提供详细资料.)		

VEHICLE OWNERSHIP (车所有权)

Car Make (汽车品牌)		Model (模型)				
Reg. No. (车注册号码)		Ownership (车所有权)	Own		Co.	

AREA(S) OF COVERAGE (所包括的范围）

Territory / City / District (区域/市/区)	
State (州)	

NEAREST POLICE STATIONS TO YOUR AREA (您所在地区最近的警察局)

	POLICE STATION 1 (警察局 1)	**POLICE STATION 2** (警察局 2)	**POLICE STATION 3** (警察局 3)
Police Station name (警察局名字)			
Officer-in-charge			

(主任主管)			
Telephone contact (电话联系)			

SCOPE OF SERVICES (服务范围)

The following are the Scope of Services of a Community Ambassador. If you are able to provide each, please tick "Yes", otherwise tick "No" and state your remarks below.

(以下是的服务社区大使范围。如果你能为每个，请勾选"是"，否则勾选"否"，并在下面注明您的言论。)

1. Accompany the Member to the Police Station. （陪会员去警署） ☐ Yes 是 ☐ No 否
2. Facilitate the report lodging for the Member when at the Police Station. （协助会员报案） ☐ Yes 是 ☐ No 否
3. Assist the Member to call for an ambulance. （协助会员传召救护车） ☐ Yes 是 ☐ No 否
4. Provide first aid assistance to an injured member. （为受伤会员提供急救服务） ☐ Yes 是 ☐ No 否
5. Assist to transport member to a nearby clinic for treatment of minor injuries. （载送会员到邻近诊所接受轻伤治疗） ☐ Yes 是 ☐ No 否
6. Assist the member or his family to arrange transport to return home. （安排载送会员或家人回家） ☐ Yes 是 ☐ No 否
7. To provide assets protection service to the member after a house break-in and the doors or windows are still at unsecured situation. （若住所被爆窃，在门窗仍不安全的情况下，为会员提供财物保护服务） ☐ Yes 是 ☐ No 否
8. Take photos of the accident scene as a means of assisting with police investigation. （协助拍摄案发现场的照片作为证据，方便警方进行调查工作） ☐ Yes 是 ☐ No 否
9. Assist member in notifying loved ones of the incident by phone. （协助会员联络至亲以通知有关紧急事故） ☐ Yes 是 ☐ No 否

Remarks:
备注 _____

_____

_____

DECLARATION

I hereby declare that the information given by me in this form is correct and true to the best of my knowledge. I fully understand and accept that if at any time after engagement, it is found that a false declaration is made in this form, SOS COMMUNITY ASSISTANCE PROGRAMME has the absolute right to terminate my services herewith.

本人谨此声明，据我所知，我以这种形式给予的信息是正确和真实的。我完全理解并接受，如果在接触后的任何时间，如发现作出虚假声明，以这种形式，SOS 社区援助计划绝对有权终止我的服务，特此

Applicant:
申请人

Signature: _____
签名
Name: _____
名字
Date: _____
日期

Witnessed by:
见证人

Signature: _____
签名
Name: _____
名字
Date: _____
日期

FOR OFFICE USE ONLY			
Submitted by (SN):		Remarks:	
Received / checked by:		Remarks:	
Approved by:		Remarks:	
Community Ambassador Code:			
Commencement Date:			
Final approval by:		Remarks:	

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