



圣尼各拉女校

CHIJ ST. NICHOLAS GIRLS' SCHOOL

Girls of Grace · Women of Strength · Leaders with Heart

Values-in-Action Form (for self-registration – to volunteer for organisation-planned Activities)

Updated: Mar 2020

Full Name of Student: <i>(Pls attach a namelist if more students are involved)</i>		Class in Previous Year: Class in Current Year:		
Name of Teacher In-Charge <i>(if any)</i> :		Contact No. of Student:		
Name of External Organisation:				
Classification of Activity: Admin Duties () Coaching () Event Management () Fund-Raising () Others <i>(pls specify)</i> : _____ <i>(pls tick against appropriate activity)</i>				
Brief Description of Activity:				
Beneficiaries of Activity:				
<p>Undertaking By Student:</p> <p><i>My/Our services are being rendered to meet the community needs of a <u>Non-Profit Organisation</u>.</i></p> <p><i>I/We understand that school reserves the right to verify the final number of hours to be awarded for this activity.</i></p> <p style="text-align: right;">_____ <i>Signature of Student</i></p>				
Date of Activity:		Venue of Activity:		
Total No. of Hours Completed: <i>(indicate under the specific category)</i>	Interactive	Non-Interactive (Max : 6 hours)	Local Camps (max 30 hrs)	Overseas Camps (max 50 hrs)

*^The following are **not** Non-Profit Organisations: child-care centres, kindergartens, companies. If unsure, please refer to pages 37 and 38 of Student Diary or clarify with teachers-in-charge.*

Evaluation of Student(s) by Organization:

On a scale of 1 to 6, please tick and rate the service(s) provided by our student(s).

1	2	3	4	5	6
Strongly Disagree	Disagree	Somewhat Disagree	Somewhat Agree	Agree	Strongly Agree

		1	2	3	4	5	6
1.	The student(s) demonstrate(s) positive attitude and lively enthusiasm.						
2.	The student(s) is/are proactive and spontaneous in providing services.						
3.	The student(s) demonstrate(s) good communication skills.						
4.	The student(s) is/are able to lead herself/themselves by demonstrating good self-discipline.						
5.	The student(s) is/are able to lead her/their peers effectively.						
Any Other Remarks/Suggestions:							

Name of Liaison Officer of External Organisation :

Contact No:

Organisation Stamp/Signature of Liaison Officer :

