

# **Taipei 2017 29th Summer Universiade Volunteer Recruitment Brochure**

Approved by affairs council of department of human resources of executive-committee on Nov. 11, 2015.

(<http://www.taipei2017.com.tw>)

## **Purpose of recruitment :**

The Taipei 2017 29th Summer Universiade (<http://www.taipei2017.com.tw>) will be held from August 19, 2017 to August 30, 2017. This is an international comprehensive sport event for university athletes between the age of 17 and 28 that is held every two years. It is divided into a Winter and Summer Universiade and is often called the “Small Olympics.” The number of participating countries and athletes are second only to the Olympics. Over the years, more than 150 countries and over 7500 athletes and officials all over the world have participated in this event.

Volunteers play a vital role in the success of the event. We therefore would like to ‘ welcome all college students aged 18 and above with a ability to communicate in Chinese, English, and a third language to sign up to become volunteers of Taipei 2017 29th Summer Universiade. This is an opportunity for you to serve as an international volunteer, to improve your international communication skills, and accumulate work experience. If you are enthusiastic about serving people and broadening your horizons, you are most welcome to sign up as a volunteer for the Taipei 2017 29th Summer Universiade!

## **Recruiting Unit:**

Taipei 2017 29th Summer Universiade Department of Human Resources of executive committee; Department of Education, Taipei City Government

## **Period of Participation:**

Training and Internship Period: August 12-18, 2017

Event Service Period: August 19-31, 2017

**Required qualifications:**

Foreigners who are eighteen years old and above with a proficiency in both Chinese and English.

A vaccination certificate, health insurance certificate, and related documents are required. The following people can apply:

Foreign students studying in Taiwan.

Foreign non-students who live in Taiwan.

College students recommended by participating countries. (One person per participating country. The applicant cannot be part of the delegation of the participating country. )

Foreigners not resident in Taiwan.

People from China, Hong Kong and Macao

With the experience of volunteering

Equipped with communicating ability of third language

Admission Quota: 400 people

**Application period:**

**1st stage: March 1 2016 to June 30 2016.**

**2nd stage: August 1 2016 to December 31 2016.**

**Interviews in person or through telephone will commence from the third week after application deadlines.**

**Application procedure:**

Register on the Taipei 2017 29th Summer Universiade volunteer website.

(<http://volunteer2017.utaipei.edu.tw>)

For your initial application, you should prepare the following

documents :

1. An application form, with a 1.5-inch head shot taken within the last six months.
2. An Internet registration sheet (Please print the sheet after finishing the online application procedure.)
3. A general regulations sheet
4. A personal data consent form, with the signature of the applicant to consent the personal data collection, processing, and usage.
5. A copy of your insurance documents
6. Copies of your Birth Certificate & Passport

Online registration starts from March 1, 2016 and closes December 31, 2016. On the website, applicants will be asked to fill out application data and a registration form, upload a personal photo, registration form, and provide a short self-introduction (including relevant supporting information such as important achievements, awards, and qualifications. After confirming your registration, please print the Internet Registration Sheet and send it within the application period together with the above-mentioned documents to:

the volunteer management center of the University of Taipei

No.1, Aiguo W. Rd., Zhongzheng Dist.

Taipei City 10048 or No.2, Sec. 4, Nanjing E. Rd., Songshan Dist.,  
Taipei City 10553

An admission notice will be published on the volunteer website no later than February 1, 2017. Accepted applicants need to log into their online volunteer account and confirm whether they will attend or not at once. Attendants need to ask a family physician for a health certificate, upload a copy to their online account, and sent the original to the volunteer

management center at the address above within 14 days. In addition, you will need to upload a copy of your plane ticket (or a purchase receipt), including information about your arrival and departure, and indicate if you require a transportation service. The recruiting unit is entitled to revoke the application if the applicant fails to provide the required documents by June 4, 2017.

**Evaluation Criteria :** Conducted by interviewing in person or on the phone. Evaluation criteria include foreign language abilities, volunteering experience, and general social skills.

**Service duties :**

Specific tasks required from volunteers are as follow:

1. Receive members of the International University Sports Federation (FISU) or of delegations of participating countries and their companions. Assist in receiving guests and handling affairs related to their participation in the event and their living requirements.
2. Assist in the preparation of venues, transportation, interviewing athletes, holding press conferences, doping tests, award ceremonies, etc.

The Executive committee of the Taipei 2017 29th Summer Universiade reserves the right to distribute volunteer assignment to their discretion.

**Service regulations :**

You are required to wear a uniform and hang tag while on duty. You are required to remain at your assigned post, maintain a warm, professional attitude, and perform your duties to the best of your abilities.

You are required to perform your duties in a timely manner, and to sign in and out of your assigned duties.

You should perform your duties in accordance with Volunteer Service Act and related regulations of Taipei 2017 29th Summer Universiade, and follow the guidance of personnel.

Your work schedule will be arranged before the event, in line with the requirements of your unit.

If you fail to turn out for duty, you should inform the volunteer management center, and help arranging for other international volunteers to cover your shifts.

If you are absent without due reason more than twice during the event, your volunteer qualification will be canceled and volunteer certificates and related souvenirs will not be issued.

**Perks and benefits :**

1. A Service certificate, issued in Chinese and English , describing the service provided and service hours.
2. Various Taipei 2017 29th Summer Universiade related souvenirs
1. A group life accident insurance and medical insurance for the effective period of the volunteer services .
2. With the required equipment, including a uniform, hat, badge, etc.
3. Participants can apply for a dormitory room.

**Visa:**

Visa free period is according to the type of possessed passport. Participants who want to extend their tourist visa in Taiwan for over 30 or 90 days cannot apply for

visa-free or visa-on-arrival, but should instead apply through and overseas office of R.O.C. for a tourist visa for their intended period of stay. The host and organizers assume no responsibility when the period of stay cannot be extended.

**Methods of reporting-for duty and the liaison unit:**

University of Taipei, Boai Campus (No.1, Aiguo W. Rd., Zhongzheng Dist., Taipei City)

服務專線：(886-02)2311-3040 分機 8521、8523

(886-02)2570-7017 分機 2509、2511

Contact Number: (886-02) 2311-3040 ext. 8521 / 8523

(886-02)2570-7017 ext. 2509 / 2511

E-mail : [tms\\_karina@mail.taipei.gov.tw](mailto:tms_karina@mail.taipei.gov.tw)

Taipei 2017 29th Summer Universiade International Volunteer Application Form

<b>Chinese Name</b>	Last Name	First Name	Passport No.	(個人證件照 電子檔) (Passport photo or digital equivalent)
			Location of authority passport	
<b>English Name</b>			Last four digits of passport	
			Date of expiry of passport	
<b>Nationality</b>			Gender <input type="checkbox"/> male <input type="checkbox"/> female	
<b>Date of Birth</b>	(y) (m) (d)	<b>Resident of Taiwan</b>	<input type="checkbox"/> yes <input type="checkbox"/> no	
<b>School / Service Unit</b>		School / Unit:		
		Department / Positional Title :		
<b>Language</b>		1. Mother tongue: 2. Other language abilities : 3. Related Language Certificate :		
<b>Contact Number</b>	(home): _____ (cell phone): _____			
<b>Residence Address</b>				
<b>Emergency Contact in Taiwan (above 20 years old)</b>		<b>Emergency Number</b>		<b>Relationship to the applicant</b>
<b>Beneficiary of Insurance</b>		<b>Emergency Number</b>		<b>Relationship to the applicant</b>
<b>E-mail (Required)</b>	(Please fill out your most commonly used e-mail )			
<b>Contact Method for Phone Interview</b>	<input type="checkbox"/> Line <input type="checkbox"/> Skype <input type="checkbox"/> Facebook			
<b>Volunteer Experience</b>	<input type="checkbox"/> None <input type="checkbox"/> Yes. Brief introduction of the service unit and position: : _____			
<b>Suggested Time of Contacting</b>	<input type="checkbox"/> morning <input type="checkbox"/> afternoon <input type="checkbox"/> night			

	Note: check one available period at least		
<b>Size of Uniform</b>	<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> 2L <input type="checkbox"/> 3L <input type="checkbox"/> other: height: ____cm	<b>Dietary requirements</b>	<input type="checkbox"/> vegetarian <input type="checkbox"/> regular <input type="checkbox"/> other:
Do you have any of the following diseases ? <input type="checkbox"/> NO <input type="checkbox"/> CHRONIC DISEASES: _____ <input type="checkbox"/> PSYCHOGENIC ILLNESS <input type="checkbox"/> EPILEPSY <input type="checkbox"/> CARDIO VASCULAR DISEASE Please do not apply for admission if you have any of the above-mentioned illnesses or other illnesses which may negatively affect your participation. If any of the above mentioned illnesses is discovered after arriving in Taiwan, the participant must leave immediately and pay his/her own medical and return expenses.			
(護照或國際學生證電子檔) Electronic copy of passport or international student certificate			
(健檢之電子檔) Electronic copy of health examination			
<b>Autobiography</b>	(1) Restrict your autobiography to 300 words.  (2) Briefly describe your knowledge of foreign languages and your service experience (e.g. study overseas, translating jobs).  (3) Briefly describe your personality.		



	<p>(4) Briefly describe your motivation and expectations of being a volunteer in the Taipei 2017 29th Summer Universiade.</p>
<p>Applicant's Signature</p>	<p>Documents submitted:</p> <p><input type="checkbox"/> Internet Registration Sheet</p> <p><input type="checkbox"/> General Regulations Sheet</p> <p><input type="checkbox"/> Copy of Health Insurance</p> <p><input type="checkbox"/> Copy of Birth Certificate</p> <p><input type="checkbox"/> Copy of Passport</p> <p><input type="checkbox"/> Application Essay</p> <p><input type="checkbox"/> Personal Data Consent Form</p> <p><input type="checkbox"/> Others _____</p>
<p>Date of Application : (M) / (D)</p>	
<p><b>Note :</b></p> <ol style="list-style-type: none"> <li>Insurance and an allowance will be provided by the host for the duration of the event. The host will also issue a volunteer uniform and service certificate. The application is online only, please apply on the Taipei 2017 29th Summer Universiade volunteer website before Sat. Dec. 31, 2016. The recruiting unit will conduct examine, and priority of admission goes to those with better resume.</li> <li>The outcomes of the application process will be made public by February 1, 2017. The distribution and professional training will be started in progress. If at any point you have any questions, please contact us by email.</li> <li>Tel : 886-02-23110805 • Fax : 886-02-23112909      Undertaker : ○○○○</li> </ol>	

Please note that all information must be completed; otherwise your application cannot be accepted

# Taipei 2017 29th Summer Universiade International Health Certificate Chart

(Name in Chinese) _____ Assigned Volunteer ID No: _____ Name in English: _____ Tel: _____ Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female Passport or SSN ID No : _____ Date of Birth : ____/____/19____ Nationality : _____ (address) : _____		Please attach a recent 1.5- inch passport photo here										
<b>PHYSICAL EXAMINATIONS EXAMINATION</b>												
A. Height : _____ <input type="checkbox"/> Ft / In <input type="checkbox"/> cm D. Weight : _____ <input type="checkbox"/> Lb <input type="checkbox"/> Kg B. Pulse : _____ /time / min E. Blood pressure : _____ / _____ mm Hg C. Heart : <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal F. Locomotors : <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal												
<b>VACCINATIONS CERTIFICATE</b>												
The above named individual has completed vaccinations for: A. <input type="checkbox"/> A TB Test has been taken within last 2 years. B. Hepatitis B series on _____ C. DTP on _____ D. MMR on _____ E. Td on _____ F. Polio on _____												
<b>MEDICAL HISTORY</b>												
♥ Have you ever had the following diseases ? <table style="width: 100%;"> <tr> <td style="width: 50%;">A. Heart disease : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="width: 50%;">F. Epilepsy : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>B. Asthma : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>G. Kidney disease : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>C. Hypertension : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>H. Malaria : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>D. Diabetes : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>I. Liver Disease : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>E. Allergies : <input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td>Allergies to : _____</td> </tr> </table>			A. Heart disease : <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Epilepsy : <input type="checkbox"/> Yes <input type="checkbox"/> No	B. Asthma : <input type="checkbox"/> Yes <input type="checkbox"/> No	G. Kidney disease : <input type="checkbox"/> Yes <input type="checkbox"/> No	C. Hypertension : <input type="checkbox"/> Yes <input type="checkbox"/> No	H. Malaria : <input type="checkbox"/> Yes <input type="checkbox"/> No	D. Diabetes : <input type="checkbox"/> Yes <input type="checkbox"/> No	I. Liver Disease : <input type="checkbox"/> Yes <input type="checkbox"/> No	E. Allergies : <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies to : _____
A. Heart disease : <input type="checkbox"/> Yes <input type="checkbox"/> No	F. Epilepsy : <input type="checkbox"/> Yes <input type="checkbox"/> No											
B. Asthma : <input type="checkbox"/> Yes <input type="checkbox"/> No	G. Kidney disease : <input type="checkbox"/> Yes <input type="checkbox"/> No											
C. Hypertension : <input type="checkbox"/> Yes <input type="checkbox"/> No	H. Malaria : <input type="checkbox"/> Yes <input type="checkbox"/> No											
D. Diabetes : <input type="checkbox"/> Yes <input type="checkbox"/> No	I. Liver Disease : <input type="checkbox"/> Yes <input type="checkbox"/> No											
E. Allergies : <input type="checkbox"/> Yes <input type="checkbox"/> No	Allergies to : _____											
Remarks: The above named individual <input type="checkbox"/> is <input type="checkbox"/> is not recommended for working in a volunteer program at Taipei 2017 29th Summer Universiade.  Healthcare Provider's name (print) _____ Clinic's name _____ Healthcare Provider's signature _____ License Number _____ Issuing _____  Located in the county of _____ Tel: _____ Date: (M) ____ / (D) ____ / 201 ____ Chief Physician : _____												

I hereby submit this document and agree to participate in the Volunteer Program for assisting Taipei 2017 29th Summer Universiade in Taiwan. I have carefully reviewed my summer schedule and give my commitment to this program in the highest priority over other event.

Volunteer's Signature \_\_\_\_\_ Date: \_\_\_\_\_

## GENERAL REGULATIONS 志工規範

- (1) Applicants who have special medical conditions (including heart problems, diabetes, hypertension, epilepsy, pregnancy, etc.) that may affect their ability to serve are not encouraged to participate in this volunteer program. If they do, applicants will be personally responsible for taking care of their own medical conditions while participating in the volunteer program. The sponsors will not be held liable for any damages or accidents that occur as a result of applicants' health conditions.
- (2) Participants must purchase medical insurance at their respective places of residence prior to attending the volunteer program. Otherwise, their participation will be denied.
- (3) The sponsors will not be held liable, nor be willing, to pay for any medical expenses incurred by its participants. Also, any requests for financial compensation for medical costs from the participants or their parents will be denied.
- (4) Once admitted to the designated program and assigned to the selected schools or institutions, volunteers will not be allowed to plead any alterations.
- (5) In order to provide airport pick-up services, the participant should fill in his/her flight information online at <http://volunteer2017.utapei.edu.tw/bin/home.php> as early as possible.
- (6) The participant must take full responsibility for his/her own expenses of accommodations and ground transportation if he/she arrives earlier or leaves later.
- (7) Participants are expected to attend every scheduled activity of the program and comply with the regulations of the sponsors, the organizers and the assigned schools or institutions. Only illness will be accepted to excuse the participant's absence from classes, lectures, or any other mandatory activities. Otherwise, the participant will be denied continued participation in the rest of the program and the awarding of the Certificate of Volunteer Services.
- (8) During the volunteer program, participants should not take part in other programs or tours.
- (9) Alcoholic beverages, gambling, and illegal drugs are strictly prohibited during this program.
- (10) Participants are not allowed to go out after 11:00PM, or stay in any other participant's room or outside of their own rooms.
- (11) Participants are personally responsible for any accidents that occur as a result of not following the advice, rules, and regulations stipulated by the volunteer program. The sponsors will not be held in any way liable for any negligence on the part of the participants. If there are any disputes which may arise, the laws of the Republic of China will prevail.
- (12) Participants are to abide by the rules and regulations of the volunteer program outlined in the Volunteer Program Handbook. Any participant who deviates from these rules and regulations

- will be subject to probation and a permanent dismissal from participating in the volunteer program. The sponsors of the volunteer program reserve the right to inform the parents, guardians, and/or relatives of the participant-in-question if such circumstances occur.
- (13) The sponsors will provide accident and medical insurance during the volunteer program. Participants are recommended to purchase additional insurance policies.
- (14) Any infractions of the laws of the Republic of China or evidence of contribution to such infractions, resulting in punitive actions by the Republic of China government and/or law enforcement officials toward volunteer program participants, will be left as participant's own responsibility. The organizers will not be held responsible or liable for any such actions. In addition, the sponsors reserve the right to request for compensations from the participant, the participant's family and/or relatives, for any inconveniences or damages caused by the individual.
- (15) Participants are encouraged to pack lightly. Contraband articles and products made from endangered species are prohibited.
- (16) Participants who are unable to attend classes or activities because of health complications or other matters of significance should notify the organizers in advance (a written explanation from parents is needed). Permission from the OCAC is needed if the participant has to leave the program for the aforementioned reasons.

I have read and understood all the content of the application guidelines and general regulations. I hereby agree to abide by all rules and regulations

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Disclosure regarding gathering, handling and using personal information of participants in Taipei 2017 29th Summer Universiade Volunteer Program**

1. Pursuant to: Article 8 of the Personal Information Protection Act (hereafter “the Act”).

2. Agency (name): Department of Education of Taipei City Government (hereafter “DOE”), and the department it assigns to carry out this activity.

3. Reasons for gathering information: Performing necessary services when holding DOE Taipei 2017 29th Summer Universiade Volunteer activities, including enrollments, acceptance, insurance, handouts, certificates, proof of volunteer hours and other matters; tasks involving student contact information and personal database management, statistical analysis, academic research, and other tasks required by the DOE to run its activity and overseas community affairs; and other uses approved by the applicants.

4. Types of information gathered:

- (1) Identification of the individual: Chinese and English name, job title, autobiography, biography, photograph, date of birth, place of birth, place of residence, address, tel. no., mobile phone no., fax no., email address, the username you use to sign in to website and birth certificate.
- (2) Verification of financial information: Insurance policy number.
- (3) Identification of the applicant in government documents: ID card no., passport no., insurance certificate no., license no.
- (4) Personal description: Month and year of birth, sex, nationality and residence.
- (5) Body description: Height, weight and blood type.
- (6) Habits: Dietary habits.
- (7) Information on other family members: Family members, relatives, parents, common-law partners, and relatives living overseas or in Mainland China.
- (8) Other social relationships: Relationships with friends, colleagues and others outside the family.
- (9) Immigration situation: Passport, work permit, residence permit, immigration information, entry conditions and other related details.
- (10) Membership of charity organizations or other groups : Overseas Chinese groups, overseas Chinese chambers of commerce.
- (11) Occupation: job. position.
- (12) School record: School(s) attended.
- (13) Qualifications or skills: Degrees and qualifications, specialized skills, special licenses, other training certifications, etc.
- (14) Written or published works: Books, articles, reports, audio and/or video publications, etc.
- (15) Participant record: Curriculum; relevant qualifications; training assessments, test results, and grades; evaluation and comments; other curriculum or exam records; and graduation status.

- (16) Current employment status: Employer, work description, industry characteristics, etc.
- (17) Work experience.
- (18) Training records.
- (19) Health records.
- (20) Race or ethnicity.

**5. Handling and use of personal information:**

- (1) Utilization period: From the time of application to the DOE activity until the completion of the aforementioned information gathering.
- (2) Region within which personal information will be used: Taiwan (within the ROC), the place of residence of the party involved, or places where handling and use has been approved by the party involved.
- (3) Users of personal information: The DOE, Taipei City Government, Department of Sport of Taipei City Government, and Taipei 2017 29th Summer Universiade department of human resources of executive committee (personal information of the applicant can be provided to other users by the DOE for the selection of participants or for contact purposes), suppliers contracted by the DOE (outsourcing contracts for DOE activities clearly state that when a supplier needs to use the personal information of participants, the regulations of the Act must be obeyed), and research units and scholars and experts authorized by DOE.
- (4) Manners of use: Carrying out the DOE's operations, such as sending enrollment forms, acceptance letters, insurance matters, room reservations, visiting organizations and other certificates, and sending of related information, contacting the person involved, statistical analysis, necessary disclosure of the DOE's operations, academic research and other necessary methods for achieving the aforementioned collection objectives.

6. In accordance with the Act, the person involved can inquire about the information or request to read it; they can ask for copies and ask to cease the use and handling of personal information, and for the deletion of personal information. The person involved can exercise the above rights by submitting a hard copy in writing with this request to the DOE.

7. If the volunteer does not provide complete and correct information for the DOE to carry out this activity, they should fully state the reason for doing this. Otherwise, their application cannot be processed, and the volunteer will lose the entitlement to subsequent services connected to the activity.

(Adult applicant) \_\_\_\_\_ (Chinese Name) \_\_\_\_\_ (English Name : )

(Minor applicant) \_\_\_\_\_ (Chinese Name) \_\_\_\_\_ (English Name : )

(Guardian's Chinese Name) \_\_\_\_\_ (English Name : ) \_\_\_\_\_

I have carefully read and understood the attached DOE disclosure regarding the gathering, handling and using personal information of participants in Taipei 2017 29th Summer Universiade Volunteer Program and I hereby agree to it.

To:

OCAC

Applicant or legal guardian of minor applicant

Signature : \_\_\_\_\_

ID or Passport No. : \_\_\_\_\_

Country : \_\_\_\_\_

Address : \_\_\_\_\_

Tel : \_\_\_\_\_

Date: \_\_\_\_\_