



Receipt date : _____
Interview date : _____

Volunteer Application Form (For Applicant over 15 years old only)

**Part A :
Personal
Particulars**

Name : _____(English)_____ (Chinese)

Date of Birth : _____ Gender : Male Female

HKID Card No. :

				x	x	x	x
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 Contact No. : _____

Correspondence Address : _____

E-mail Address : _____

Education Level : Primary Secondary Others: _____
 Tertiary or above (Course Title : _____)

Occupation : _____

Language(s) : Cantonese English Putonghua Other : _____

**Part B :
Skills and
Abilities**

Computing: _____ MC Sewing

Knitting Photography Balloon Twisting

Musical Instruments Arts/Painting Translation

Calligraphy Origami Other : _____

**Part C :
Service
Preferences**

Availability: From (DD/MM/YY) _____ to (DD/MM/YY) _____

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
am							
pm							

Type of Service User : Child and Adolescent Adults Elders

Nature of Service : Clerical Support Escort Service
 Ward Visit Telephone concern/Home Visit
 Program Support Enquiry Counter
 Other : _____

**Part D :
Volunteer
Experience**

Number of year: _____ Nature of service: _____

Signature of Applicant: _____ **Date:** _____

Applicant under 18 years old must be signed by parent or guardian

Name of Parent / Guardian: _____ **Signature of Parent / Guardian:** _____

Please submit the application form to Patient Resource Centre, Room 10, 2/F, Block K, Queen Mary Hospital,
102 Pokfulam Road, Hong Kong

Enquiry No. : 2255 4343 Fax No. : 2872 0625

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