



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. : 

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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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