

For completion
by recruited
volunteers only



Hospital Authority
Volunteer Registration Form

(May 2014)

Welcome and thank you for volunteering your services to the Hospital Authority (“HA”). As the major provider of medical services in Hong Kong, the primary responsibility of the HA is to ensure that the health and safety of patients, visitors, medical staff and volunteers are protected, while volunteers provide services at the hospitals. If a volunteer may endanger the safety of staff, patients, visitors or other volunteers, the HA may not be able to permit him/her to continue to be a volunteer of HA.

Therefore, the HA stipulates that

- All volunteers must register with the HA or, its public hospitals before taking part in volunteer activities. HA, its public hospitals and entities will handle all personal data provided in accordance with the “Personal Data (Privacy) Ordinance”.
- All registered volunteers must observe the conduct stated under “Confidentiality and Participation Agreement on P. 4 of this registration form.

Please read this notice before you provide any Personal Data to us.

The HA is a statutory body which manages public hospitals, as well as entities (including subsidiaries) owned/controlled by it (“HA Entity”).

Our staff members may ask you to provide your Personal Data (including your health information), or obtain from the HA/HA Entity/any appropriate third party your Personal Data. Such information is for purposes relating to your registration as a volunteer of HA.

When you provide Personal Data to us, please make sure that such data is accurate and complete. Failure to provide accurate/complete information may affect our consideration of your registration.

Please also note that your Personal Data collected in the above circumstances may be made available to :

- appropriate persons in HA/HA Entity;
- appropriate government departments/agencies/authorities etc. when disclosure is required or permitted by law or is necessary in the public interest.

In addition to the above, we will only use, disclose or transfer the Personal Data you provide to us :

- for those purposes relating to your registration as a volunteer of HA, or
- where permitted by law.

We will obtain your consent before using your Personal Data for any other purposes.

If you wish to access/correct your Personal Data held by HA/HA Entity, you may do so under “Personal Data (Privacy) Ordinance”. Please contact the relevant data controller during office hours at:

Address (of the relevant hospital/institution) :



醫院管理局
HOSPITAL
AUTHORITY

Hospital Authority (HA) Volunteer Registration Form

(The information obtained will be handled with the strictest care and used only for the purpose of organizing and management of volunteer services in HA hospitals and institutions.)

Section A

The volunteer recruited is required to provide information under Section A to facilitate registration as a volunteer of HA.

Name in Chinese :

Name in English :

Date of Birth : Year Month Day

Gender : Male Female

Type of identification document : (Please put a “√” into an appropriate box and provide the number of the identification document)

Hong Kong Identity Card Number

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Passport or Travel Document Number _____ (for non-local residents)

Education level: Primary / Secondary / Tertiary or above / Others (Please specify):

Occupation :

Affiliated institution /
school

Post Title/Grade :

Correspondence address :

Fluent in : Cantonese Putonghua English Other (please specific): _____

Telephone (Home) :

Telephone (Office) :

Mobile phone / Pager :

E-mail address :

Contact person in case of emergency :

Relationship with volunteer :

Telephone (Home) :

Telephone (Office) :

Mobile phone / Pager :

(Upon change of personal particulars, volunteers are required to inform the volunteer service coordinator for record update. Please refer to Item 10 of “Confidentiality and Participation Agreement”).

Section B

(Provision of information under Section B is on a voluntary basis. The information collected is to facilitate assignment of tasks for volunteers. We highly encourage volunteers to complete Section B so that we can take into account your health condition and assess potential health risks. If the information requested below is not provided, HA will not be in a position to assess potential health risks of the individual concerned.)

1. Immunization History : (Please put a √ into an appropriate box)

i) Vaccine for chicken pox

Yes No Previous Infection unknown

ii) Vaccine for hepatitis B

Yes No Previous Infection unknown

iii) Measles, mumps, rubella 3-in-1 vaccine

Yes No Previous Infection: Please specify _____ unknown

2. Health Record :

Please indicate whether you have suffered/are suffering from the following disease (s) by putting a √ into an appropriate box.

- Liver disease
- Lung disease
- Renal disease
- Heart disease
- Lupus
- Diabetes
- Cancer: Please specify _____
- Mental illness: Please specify _____
- Others _____
- None of above

(Upon change of Immunization History and Health Record, volunteers are required to inform the volunteer service coordinator for record update. Please refer to Item 10 of “Confidentiality and Participation Agreement”).

3. Pregnancy State (For Female Only)

Are you currently pregnant? Yes _____ Week Pregnant No

(Upon change of pregnancy state while providing volunteer service, volunteers are required to inform the volunteer service coordinator immediately. Please refer to Item 11 of “Confidentiality and Participation Agreement.”)

Volunteer Registration Form (Cont'd)

Confidentiality and Participation Agreement

Upon signing this agreement, I agree to

1. Respect the privacy of patients and staff. Apart from issues which are appropriate for discussion during meetings with hospital staff, I will not disclose any information, which I heard, saw, or read in the hospital or obtained through other channels, in private gatherings.
2. Not to obtain and use hospital information (including personal data or patient records) without authorization, and/or copy/retain/disclose/release such information. If I stop providing volunteer services to the hospital, I must return to the hospital all information obtained from the hospital and retained by me and will not copy/retain or disclose / release such information to a third party.
3. Understand that the hospital is a place for patient treatment and rehabilitation. There are risks of disease infection through providing volunteer service in such environment. I also understand that I will attend an infection control training program, from which I will acquire knowledge and skills of infection prevention. I will also follow all guidelines in respect to disease prevention measures provided by the medical staff, in order to minimize the risks of infection to me and to others.
4. Provide service to the institution without any guarantee of receiving compensation or employment in the future.
5. Report to volunteer service coordinator any accidents or injuries which involve myself when providing volunteer service.
6. Dress properly and wear the volunteer identity card issued by the hospital when providing volunteer service.
7. Stop participating in any on-going or up-coming volunteer activities if I do not feel well or have a fever.
8. Inform the designated person if I cannot show up on time due to illness or fever, or any other reasons.
9. Be punctual at work and endeavor to provide service, or provide prior notification if I cannot provide service to facilitate the necessary arrangements.
10. To update my personal record under Section A, immunization history, and, health record under Section B, when necessary.
11. To report to volunteer coordinator if I find myself pregnant when providing volunteer service (for female volunteers only).

I also agree that during the course of providing volunteer service, I will not be involved in any commercial/political activities.

I understand that before assigned for any volunteer work, I will have to go through interview, training and orientation activities. I also understand that the HA reserves the right to terminate my registration as a volunteer under the following circumstances: (a) I cannot abide by the policies, regulations or terms and conditions of the HA, or (b) I fail to show up without prior notice, or (c) my working attitude and performance are unsatisfactory, or (d) under any conditions, the hospital considers that my volunteer work is not beneficial to the hospital.

I have read and agreed with all the Terms and Conditions above.

I hereby confirm that all the data provided above is correct.

Signature of applicant: _____ Date: _____

Participation Agreement for Volunteers Under 18 Years Old *(Note)*

I agree to allow my son / daughter to participate in volunteer service at your hospital. I understand that the hospital is a place for patient treatment and rehabilitation. There are risks of disease infection to my son / daughter through providing volunteer service in such environment. I also understand that my son / daughter will attend an infection control training program, from which he /she will acquire knowledge and skills of infection prevention. He / she will also follow all guidelines with respect to disease prevention measures provided by the medical staff, in order to minimize the risk of infection to him/her and others.

(Note: Parent's permission for registration is required for volunteers who are below 18. Anyone aged 15 or above is eligible to become an HA volunteer and volunteers providing service in isolation areas must be 18 or older.)

Signature of parents / guardian: _____ Date: _____

Name of parents / guardian: _____ Relationship with volunteer _____

(Revised : May 2014)