



New Territories East Cluster

Prince of Wales Hospital - Health Resource Centre

Volunteer Application Form

Apply → Interview → Training → Register → Service

All data collected are only for the arrangement of volunteer service and will be processed in accordance with the "Personal Data (Privacy) Ordinance"

Name : (Chin) _____ (Eng) _____

Gender : _____ Contact No. : (Day) _____ (Night) _____

Residential District : _____ Email : _____

Year of Birth : _____ Education : _____ Occupation : _____ Religion : _____

Volunteer Experience : No Yes (Please specify : _____)

Talent/Skill : Handicraft : _____

Computer Knowledge : _____

Sports : Yoga Taichi Dance Kung Fu Others : _____

Calligraphy Phototaking Gardening Cooking Cosmetology

Hair-cut First Aid Art Translation : _____

Foreign Language / Dialect : _____ Others : _____

Specialized Knowledge : _____

Interested Service Area : (please)

(A) Patient Concern Service :

- Hospital Enquiry & Escort Service Escort & Accompany Service Post Discharge Patient Care Service for the Elderly
- Ward Visitation Survey Paed Ward Play Service Community Health Promotion & Education Activity
- Festive Programme Barbering Organize Patient Activity Communication Ambassador

(B) Supportive Service :

- Rehab Shop Service Drugs packing Clerical Support Reception
- Publication Hospital Decoration Others : _____

Available Time Slot (please) :

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am							
pm							

Frequency of Service : ____/ week ; ____/ month Service Period : 1 year over 1 year Others : _____

What are your expectation and contribution in Hospital Volunteer Service ?

Signature : _____ Date : _____

Please return the completed form to Health Resource Centre, 2/F, Day Treatment Block and Children Wards

or by Fax : 2632 4581

Enquiry : 2632 3494 / 2632 3172

Office Use Only

Interviewers : _____ Interview Date / Time : _____

Result : Accept Photo x 2 Volunteer Registration Form

Training Date : _____ ICT : _____ Data Privacy : _____

OSH : _____ Fire Safety : _____ _____

Reject : Reason _____ Remarks : _____