

Kowloon East Cluster
Haven of Hope Hosiptal
Volunteer Application Form

Name : _____(Chinese)_____ (English)

Date of birth : _____Year _____Month Gender : _____

ID Card Number : (English letters + first 3 digits) x x x x

Address : _____

Contact Number : _____(Daytime)_____ (Nighttime)

Religion : _____ Language Proficiency : _____

Occupation [For Employed Individuals only] : _____

School (for students only) : _____ Grade: _____

Skills / Interest: ☐Sports ☐Knitting ☐Painting ☐Photography ☐Cooking ☐Hair-Cut

☐Handcrafting ☐Photography ☐Computer Application

☐Chinese/ English Typing:_____ Other:_____

Please mark "√" on the available service time(s) (multiple selections possible):

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Morning							
Afternoon							
Evening							

Volunteer Work Experience

Reason for participating in this program:_____

Have you previously applied for volunteer service at this hospital?

☐Yes ☐No

Planned duration of voluntary work at this hospital: ☐One year ☐ One year or more ☐Others:_____

How did you learn about this program: ☐Hospital website ☐ Promotional brochure ☐ Recommendation
from medical personnel ☐Recommendation from friends or family ☐Others:_____

Applicant's Signature:_____ Date:_____

Please complete the form and email it to hhihsc@ha.org.hk or fax it to 2199 9553, or mail it to:

Health Resource Center, 1/F, Trinity Block, Haven of Hope Hosiptal

For Staff Use Only

Appointment Date: _____☐Attended ☐ Absent (Reason:_____)

☐Accepted ☐Not Accepted

Remarks:

Service Supervisor: _____Signature:_____ Date:_____