

North District Hospital

【 Volunteer Service Application Form for Organization 】

(Please fill in ALL information)

Details of Organization and Contact Person

Name of Organization :

(Chinese) : _____

(English): _____

Nature : NGO Religious Group School Patient Group Others _____

Name of Contact Person (Chinese) : _____ (English) : _____

Correspondence Address : _____

Contact No. : (Office) _____ (Mobile) _____ (Fax) _____

Email address : _____ (WhatsApp) _____

Service Details

Name of Service / Project : _____

Service Target : _____

Date(s) of Service : _____ Time : _____ to _____

Service Arrangement : _____ times per week /
month / quarter / year Others : _____

Service Location : _____ No. of Volunteers (must be aged 15 or above) : _____

Service Nature and Content : _____
(Please provide service proposal)

Service related training provided to volunteers : Yes No

* Approval and consent **MUST** be sought from hospital and patients for any purpose of photo taking and /or video recording.*

Our group sincerely hopes to join the NTEC volunteer service and undertakes to ensure all members in our group to understand and follow the regulations and try their best to provide volunteer service to patients.

Name & Title of Applicant : _____ Signature : _____

Name & Title of Supervisor / In-charge : _____ Signature : _____

Date : _____ Organization Chop : _____

Please complete and return / mail / fax to Health Resource Centre, North District

Hospital Address : G/F, North District Hospital, 9 Po Kin Road, Sheung Shui, NT

Enquiry : 2683 7515 Fax : 2683 7511

* NTEC reserves the rights to accept or reject any applications.

For Staff Use Only :

Date of Application : _____ Responsible staff : _____

Application Result Accepted Rejected (Reason) _____