

Apply \rightarrow Interview \rightarrow Training \rightarrow Register \rightarrow Service

ll data collect	edare only for the	arrangement of vol	<u>unteer service and</u>	will be processed	in accordance wit	hthe "Personal L	Data (Privacy) Ordinan	
Name : (Chin)			(Eng)				
Residenti	al District:		Email:_					
Year of Birth: Education:				Occupation	:	Religior	າ :	
	•	□ No □ Yes						
Γalent/Sk								
	□ Computer Knowledge:							
		□ Sports : □ Yoga □ Taichi □ Dance □ Kung Fu □ Others : □ Calligraphy □ Photo taking □ Gardening □ Cooking □ Cosmetology						
	_		_	_		_	☐ Cosmetology	
	☐ Hair-cı			☐ Art ☐ Translation ☐ C		· thers :		
	□ Specia	llized Knowledge:						
ntorostor	1 Sarvica Ara	a ∶ (please ☑)	١					
	nt Concern Se	` •)					
•	Enquiry & Escort		☐ Escort & Accor	nnany Service	☐ Post Discha	arge Patient Care	e Service for the Elderl	
					•			
□ Ward Visitation □ Survey □ Paed Ward Play Service □ Community Health Promotion &							-	
	rogramme	_	□ Organize Patie	ent Activity	☐ Communic	ation Ambassa	dor	
	ortive Service							
□ Rehab Shop Service □ Drugs packing						☐ Reception		
■ Publication	on	☐ Hospital D	ecoration	☐ Others:				
Available	Time Slot (p	lease ☑):	1	T	Ţ	1	Т 1	
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
am								
pm								
requency	of Service:	/ week ;	/ month	Service Period	: □1 year □ov	er 1 year 🛭 O	thers:	
What are	your expecta	tion and contrib	ution in Hospi	tal Volunteer	Service?			
Signature					te :			
	Please re	turn the complete				n District Hosp	oital	
		ог бу га	x : 2683 7511	⊏nqu	iry: 2683 7515			
Office Us	e Only							
nterviewe	ers :	Interview Date / Time :						
Result:	□ Accept □ Photo x 2 □ Volunteer Registration Form							
	☐ Training Date : ☐ I			CT:	Da	ta Privacy:_		
	□ OSH :		Fire Safety:					
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