

【Application Form for Organization Volunteer】

Details of Organization and Contact Person :

Name of Organization(Chinese) : _____

(English) : _____

Nature : NGOs Religious Group Self-help Group School Others: _____

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

Correspondence Address : _____

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

(E-mail) _____

Services Details :

Service Name : _____

Service Target: _____

Proposed Service Date : _____

Proposed Service Time : 10 – 12 AM 2 - 4 PM Other: _____

Proposed Service Details : _____

Number of volunteer : _____

Have you provided Volunteer Training to the Members? Yes No

Service Content (Please provide service proposal) : _____

***If the group need to photo taking or video live recording, MUST get the approval from hospital and patients °**

***Volunteer Must Be Aged 16 or Above**

Our group sincerely hopes to join the N.T. East Cluster 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 for patients.

Applicant's Signature _____ Title : _____ Organization Chop : _____

Name of the In-charge : _____ Signature of the In-charge : _____ Date : _____

Please Complete and Return / Mail / Fax to: G/F, Health Resource Center, Alice Ho Miu Ling Nethersole Hospital
No. 11, Chuen On Road, Tai Po, N.T. (Enquiry: 2689 3306 / Fax: 2662 3152)

G/F, Volunteer Service Office, Tai Po Hospital,
No. 9, Chuen On Road, Tai Po, N.T.(Enquiry: 2607 6312./ Fax: 2667 0260)

*The NTE Cluster reserves the rights to accept or reject any applications.

For Staff Use Only:

Date of Application : _____ Ref No : _____ Staff : _____

The Application is Being : Accepted Rejected (Reason) _____

< END >

The above information is collected only for the purpose of providing volunteer service for the Hospital Authority and will be kept confidential .The application can check or change his /her personal details .