



## Health Resource Center 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  Photo taking  Gardening  Cooking  Cosmetology  
 Hair-cut  First Aid  Art  Translation : \_\_\_\_\_  
 Foreign Language / Dialect : \_\_\_\_\_  Others : \_\_\_\_\_  
 Specialized Knowledge : \_\_\_\_\_

Interested Service Area : ( please  )

(A) Patient Concern Service:  Direction Enquiry  Escort  Ward visit  Home visit  Hair cutting  
 Play group  Survey  Support to patient groups activity  Festive programme  
 (B) Support Service:  Drugs packaging  Clerical support  Assist in Rehab Shop daily operation  
 Art design  Data processing  Gardening  
 Others: \_\_\_\_\_

Location Preference : (please  )

Alice Ho Miu Ling Nethersole Hospital  Tai Po Hospital

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 Center of Alice Ho Miu Ling Nethersole Hospital  
or Fax to 2662 3152                      Enquiry : 2689 3324*

**Office Use Only**                       Alice Ho Miu Ling Nethersole Hospital                       Tai Po Hospital

Interviewers : \_\_\_\_\_ Interview Date / Time : \_\_\_\_\_

Result :  Accept  Photo x 2  Volunteer Registration Form  
 Training Date : \_\_\_\_\_  ICT : \_\_\_\_\_  Data Privacy : \_\_\_\_\_  
 OSH : \_\_\_\_\_  Fire Safety : \_\_\_\_\_  \_\_\_\_\_  
 Reject : Reason \_\_\_\_\_ Remarks : \_\_\_\_\_