



Bradbury Hospice  
白普理寧養中心



Cheshire Home, Shatin  
沙田慈氏護養院



Shatin Hospital  
沙田醫院

### 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 :	<input type="checkbox"/> Handicraft : _____
	<input type="checkbox"/> Computer Knowledge : _____
	<input type="checkbox"/> Sports : <input type="checkbox"/> Yoga <input type="checkbox"/> Taichi <input type="checkbox"/> Dance <input type="checkbox"/> Kung Fu <input type="checkbox"/> Others : _____
	<input type="checkbox"/> Calligraphy <input type="checkbox"/> Photo taking <input type="checkbox"/> Art <input type="checkbox"/> Horticulture <input type="checkbox"/> Cooking <input type="checkbox"/> First Aid <input type="checkbox"/> Others : _____
	<input type="checkbox"/> Cosmetology <input type="checkbox"/> Hair-cut <input type="checkbox"/> Specialized Knowledge : _____
	<input type="checkbox"/> Translation : _____ <input type="checkbox"/> Foreign Language / Dialect : _____

Interested Service Area : ( please  )

(A) Religion Service:  Christianity \_\_\_\_\_  Catholicism \_\_\_\_\_  Buddhism \_\_\_\_\_  Others: \_\_\_\_\_

(pls specify)

(B) Patient concern:  Bed-side visit  Gardening round  Food enjoyment programme  Community integration

Pantry/Supprt service  Bereavement counseling  Escort/accompany

(C) Leisure activity:  Play group  Singing group  Festive programme  Birthday party

(D) Learning activity:  Boccia  Drawing class  Computer tutorial  Handicraft class

(E) Others:  Hair cutting  Hospital decoration  Survey  Clerical support  Art design  Library service

Photo taking  Others: \_\_\_\_\_

Hospital choice( can  more than 1 ) :  Bradbury Hospice  Shatin Cheshire Home  Shatin 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 ? \_\_\_\_\_

What method of communication do you prefer? ( please  )

Whatsapp(recommended)  Telephone  Email  Mail  Other: \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Please Complete and Return / Mail / Fax to:

G/F, Health Resource Center, Bradbury Hospice, No. 17, A Kung Kok Shan Road, Shatin, N.T. (Tel: 2645 8896 / Fax: 2762 1518)

G/F, Health Resource Center, Cheshire Home, Shatin, No 30, A Kung Kok Shan Road, Shatin, N.T.(Tel: 2636 7269 / Fax: 2636 7242)

1/F, Health Resource Center, Shatin Hospital No. 33, A Kung Kok Street, Ma On Shan, Shatin, N.T.(Tel: 3919 7457 / Fax: 2636 7242)

Office Use Only  Bradbury Hospice  Cheshire Home, Shatin  Shatin Hospital

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

Result :  Accept  Photo x 2  Training Date : \_\_\_\_\_

Reject : Reason \_\_\_\_\_ Remarks : \_\_\_\_\_