Pok Oi Hospital/ Tin Shui Wai Hospital "Patient Care and Concern" Volunteer Application Form

D1 .	
Photo	
1 11(7)(7)	

				Ref. no	o:		
Name: (Chine	ese)	(En	glish)				
Sex: ☐ Male	☐ Female	Date of Birth: (da	y) (month) (year)	Age:		
				Education:			
		essage?			-		
_ : J : :: :: P							
Please mark y	our available ti	me for volunteer so	ervice with "√":				
Time	Mon	Tue	Wed	Thur	Fri		
a.m.							
p.m.							
		volunteer service					
☐ Community Health Centre ☐ Hospital volunteer ☐ Media (please specify:)							
☐ Hospital de	epartments (plea	ase specify:)	☐ Others:			
Did you have	any volunteer e	vnarianca?					
Did you have any volunteer experience? ☐ Yes (please specify:) ☐ No							
i i cs (picase	specify.) 🗆 110			
What kind of	service vou like	e to provide?					
What kind of service you like to provide? ☐ Ward visit service ☐ Organizing health promotion activities ☐ Escorting patient							
☐ Home page design ☐ Accompanying and comforting service ☐ Patient directing service							
1 0	•	1 J C	•		C		
	interest or stren						
☐ Handicraft ☐ Computer software (please specify:)							
☐ Nursing skills ☐ Typing (Chinese, English or any other language)							
☐ Cooking ☐ Professional training or qualification (please specify:)							
☐ Playing mu	isic (please spec	eify:)				
A1		40					
-	nically ill patien		,	□ N ₋			
☐ Yes (please	e specify:)	□ No			
		Sign	nature of applican	·•			
Signature of applicant: (I agree that the above information is provided for							
hospital volunteer record and coordination purpose)							
Signature of applicant's parent:							
				(For applica	ants under age 18)		
			ъ.				
			Date	•			

Please fill in the form and return to Patient Resources Centre, 1/F, Pok Oi Hospital. Applicant will be contacted when suitable volunteer vacancy is available. For enquiry, please feel free to contact us on 2486 8402.

 ${\it Remarks: Application form will not be returned to applicant.}$