



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.: (Mobile) _____ (Home) _____

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 Phototaking Video Editing Cooking Cosmetology

Gardening First Aid Art Graphic Design Translation: _____

Foreign Language / Dialect: _____ Others: _____

Specialized Knowledge: _____

Interested Service Area: (please ✓)

(A) Patient Concern Service:

Hospital Guidance Enquiry & Service Escort & Accompany Service Post Discharge Patient Care Service for the Elderly

Ward Visitation Survey Paed Ward Play Service Community Health Promotion & Education Activity

Festive Programme Organize Patient Activity Communication Ambassador Assist Patients to use Self-Help Payment / Booking Kiosks & HA Go App

(B) Supportive Service

Rehab Shop Packing Service Drugs Packing Clerical Support Reception

Publication Hospital Decoration Others: _____

Available Time Slot (please ✓) :

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
pm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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 Centre, 2/F, O1d Block or by Fax : 3505 4581 Enquiry: 3505 3158

Office Use Only

Interviewers: _____ Interview Date / Time: _____

Result : Accept Volunteer Registration Form

Training Date: _____ ICT: _____ Data Privacy: _____

OSH: _____ Fire Safety: _____

Reject: Reason _____ Remarks: _____