



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) Religion Service: Christianity _____ (pls specify) Catholicism _____ (pls specify) Buddhism _____ (pls specify)
 (B) One Volunteer One Resident programme: Gardening round Bed-side visit Food enjoyment programme Community integration
 (C) Leisure activity: Play group Singing group Festive programme
 (D) Learning activity: Boccia Drawing class Computer tutorial Handicraft class
 (E) Others: Hair cutting Wheel chair checking Hospital decoration Survey
 Data processing Art design Photo taking Others: _____

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:
 Bradbury Hospice (Tel : 2645 8897; Fax : 2762 1518)
 Cheshire Home, Shatin (Tel : 2636 7269; Fax : 2636 7242)
 Shatin Hospital (Tel : 3919 7765; Fax : 2652 2310)

Office Use Only Bradbury Hospice Cheshire Home, Shatin Shatin Hospital

Interviewers : _____ Interview Date / Time : _____

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