

## 【Application Form for Organization Volunteer】

### Details of Organization and Contact Person :

Name of Organization(Chinese) : \_\_\_\_\_

( English ) : \_\_\_\_\_

Nature : ☐ NGOs ☐ Religious Group ☐ Self-help Group ☐ School ☐ Others: \_\_\_\_\_

Name of Contact Person: ( Chinese ) : \_\_\_\_\_ ( English ) : \_\_\_\_\_

Correspondence Address : \_\_\_\_\_

Contact Tel. No. ( Office ) \_\_\_\_\_ ( Mobile ) : \_\_\_\_\_ ( Fax No. ) : \_\_\_\_\_

### Services Details :

Service Name : \_\_\_\_\_

Service Target: \_\_\_\_\_

Proposed Service Time : ☐ 10 – 12 AM ☐ 12 – 2 PM ☐ 3 -5 PM ☐ 6 – 8 PM

Proposed Service Details : ☐ Bedside Visit ☐ Personal Care ☐ Interest Groups  
☐ Outing ☐ Mass Programmes ☐ Non direct patient service

Proposed Service Arrangement : ☐ Once a week ☐ Every other week ☐ Once a month ☐ Quarter ☐ Half Year

Have you provided Volunteer Training to the Members? ☐ Yes ☐ No

Service Content ( Please provide service proposal ) : \_\_\_\_\_

**\*If the group need to photo taking or video live recording, MUST get the approval from hospital and patients .**

**\*Volunteer Must Be Aged 16 or Above**

**Our group sincerely hopes to join the N.T. East Cluster volunteer service and undertakes to ensure all members in our group to understand and follow the regulations and try their best to provide volunteer service for patients.**

Applicant's Signature \_\_\_\_\_ Title : \_\_\_\_\_ Organization Chop : \_\_\_\_\_

Name of the In-charge : \_\_\_\_\_ Signature of the In-charge : \_\_\_\_\_ 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. (Enquiry: 2645 8897 / Fax: 2762 1518)  
☐ G/F, Health Resource Center, Cheshire Home, Shatin, No 30,  
A Kung Kok Shan Road, Shatin, N.T.(Enquiry: 2636 7269./ Fax: 2636 7242)  
☐ 1/F, Health Resource Center, Shatin Hospital No. 33, A Kung Kok Street,  
Ma On Shan, Shatin, N.T. (Enquiry: 2636 7269./ Fax: 2636 7242)

\* The NTE Cluster reserves the rights to accept or reject any applications.

### **For Staff Use Only:**

Date of Application : \_\_\_\_\_ Ref No : \_\_\_\_\_ Staff : \_\_\_\_\_

The Application is Being : ☐ Accepted ☐ Rejected (Reason) \_\_\_\_\_

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\*The above information is collected only for the purpose of providing volunteer service for the Hospital Authority and will be kept confidential .The application can check or change his /her personal details .\*