

Alice Ho Miu Ling Nethersole Hospital / Tai Po Hospital [Volunteer Service Application Form for Organization]

(Please fill in ALL information)

Details of Organization and Contact Pe	rson:	
Name of Organization(Chinese):		
Nature : NGO Religious Group I	Patient Group	Others:
Name of Contact Person: (Chinese) :		(English) :
Correspondence Address :		
Contact Tel. No. (Office)	(Mobile)	(Fax)
(E-mail)		
Service Name:		
Service Location: Alice Ho Miu Ling Ne	ethersole Hospital	☐ Tai Po Hospital
Have you provided Volunteer Training to the M	Members? Yes	☐ No
Service Nature and Content (Please provide se	ervice proposal) :	
*Volunteer Must Be Aged 15 or Above Our group sincerely hopes to join the N understand and follow the regulations a		and undertakes to ensure all members in our group to vide volunteer service to patients.
Name & Title of Applicant :		Signature :
Name & Title of Supervisor / In-charge :		Signature :
Date :	Organization Chop	:
Please Complete and Return / Mail / Fax t	No. 11, Chuen Or ☐ G/F, Volunteer Se	urce Center, Alice Ho Miu Ling Nethersole Hospital a Road, Tai Po, N.T. (Enquiry: 2689 2062 / Fax: 2662 3152) ervice Office, Tai Po Hospital, Road, Tai Po, N.T.(Enquiry: 2607 6312./ Fax: 2667 0260)
*NTEC reserves the rights to accept or rej	ect any applications.	
For Staff Use Only:		
Date of Application:	Res	ponsible Staff :
Application Result: Accepted		n)
	< END	· >

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 .

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