



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) Patient Concern Service: Direction Enquiry Escort Ward visit Home visit Hair cutting
 Play group Survey Support to patient groups activity Festive programme
 (B) Support Service: Drugs packaging Clerical support Assist in Rehab Shop daily operation
 Art design Data processing Gardening
 Others: _____

Location Preference : (please)

Alice Ho Miu Ling Nethersole Hospital Tai Po Hospital

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 of Alice Ho Miu Ling Nethersole Hospital
or Fax to 2662 3152 Enquiry : 2689 2062*

Office Use Only

Alice Ho Miu Ling Nethersole Hospital Tai Po Hospital

Interviewers : _____ Interview Date / Time : _____

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