

Volunteer Application Form

Basic information

***must be completed**

Name:<Chinese>: _____	Name:<English>*: _____	Sex*: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth*: _____	Age*: _____	Contact No. *: _____
E-mail address: _____	Education level*: <input type="checkbox"/> Primary or below <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> Bachelor's or above	
Residential address: _____		
Language*: <input type="checkbox"/> Cantonese <input type="checkbox"/> Mandarin <input type="checkbox"/> English <input type="checkbox"/> Others: _____		
Occupation status*: <input type="checkbox"/> Student <input type="checkbox"/> Housewife <input type="checkbox"/> Working people <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Others: _____		
Professional sectors (if any): <input type="checkbox"/> Medical <input type="checkbox"/> Social welfare <input type="checkbox"/> Education <input type="checkbox"/> Construction <input type="checkbox"/> Legal <input type="checkbox"/> Accounting <input type="checkbox"/> Others: _____		
Interests or skills: (You may choose more than one)	<input type="checkbox"/> Art <input type="checkbox"/> Video production <input type="checkbox"/> Design <input type="checkbox"/> Photography <input type="checkbox"/> Translation <input type="checkbox"/> Information technology <input type="checkbox"/> Driving <input type="checkbox"/> Sports <input type="checkbox"/> First aids <input type="checkbox"/> Cooking <input type="checkbox"/> Horticulture <input type="checkbox"/> Home Maintenance and Repair <input type="checkbox"/> Others: _____	
Volunteer experience*: <input type="checkbox"/> No <input type="checkbox"/> Yes (____ years)		
How did you learn about SKDCC: <input type="checkbox"/> Website of SKDCC <input type="checkbox"/> Friends <input type="checkbox"/> Poster <input type="checkbox"/> Leaflet <input type="checkbox"/> Street booth (You may choose more than one) * <input type="checkbox"/> School <input type="checkbox"/> E-mail <input type="checkbox"/> Others: _____		

I am interested in participating in the following services. (✓) (You may choose more than one) *

<input type="checkbox"/> Environment Protection and Conservation services (e.g. Clean Shorelines, voluntary farming)	<input type="checkbox"/> Youth services (e.g. centre activities, social services)	<input type="checkbox"/> Community relationship and cohesion services (e.g. interest group, rural support team)
<input type="checkbox"/> Poverty alleviation or anti-epidemic services (e.g. packing and distributing materials, providing support to people in need)	<input type="checkbox"/> Elderly services (e.g. home visit, basic medical care)	<input type="checkbox"/> Others: _____

I am available to participate an event(s) at the following time. (✓) (You may choose more than one) *

Time/Day	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Holiday
AM								
PM								
Night								

Sai Kung District Community Centre (SKDCC) undertakes to comply with the requirements of the Personal Data (Privacy) Ordinance to ensure that personal data kept are accurate and securely kept. To safeguard interest of our data subject, SKDCC collects personal data from you for the purposes of handling donations, issuing receipts, and registration, and will only use your personal data for such purposes and promotion purposes. SKDCC may use your personal data (name, telephone number, fax number, email and mailing addresses) for the purposes of providing you with information of SKDCC, fundraising appeal, activities invitation as well as for feedback collection and related promotion purposes. However, we cannot use your personal data unless we have received your consent. Upon your request at any time and at no charge, we will cease to use your personal data for promotion purposes. You may contact us at 2792 1762 for enquiry or the updating of your personal data. *

I accept the Terms & Conditions above to such use of my personal information for communication, fundraising appeal, activities invitation as well as for feedback collection and related promotion purposes.

Signature of applicant:	Date:
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For official use only		
Volunteer No.:	Signature of staff:	Date: