

**Volunteer Movement**  
**Volunteer Organization**  
**Registration Form**

<b>For office use</b> <b>Registration No.</b> _____ <b>Assigned No.</b> _____ <b>Registered Date</b> ____/____/____
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Particulars

Name of organization: \_\_\_\_\_

Name of contact person: \_\_\_\_\_ Post : \_\_\_\_\_

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

Tel.No: \_\_\_\_\_ Fax No.: \_\_\_\_\_ Email address # : \_\_\_\_\_

No. of service units providing volunteer service: \_\_\_\_\_

Estimated number of service hour of the current year rendered by volunteers of the organization: \_\_\_\_\_

Particulars of Volunteer

Number by gender: Male \_\_\_\_\_ (a) Female \_\_\_\_\_ (b) Total (a+b) \_\_\_\_\_ (\*)

Number by age group:	CH Children (0-12)	_____	(a)
	YO Youth (13-25)	_____	(b)
	AD Adult (26-59)	_____	(c)
	EL Elderly (60 or above)	_____	(d)
	Total (a+b+c+d)	_____	(*)

Number by occupation:	ST Student	_____	(a)
	HO Housewife	_____	(b)
	EM Employed	_____	(c)
	UM Unemployed	_____	(d)
	RE Retired	_____	(e)
	OT Others (please specify)	_____	(f)
	Total (a+b+c+d+e+f)	_____	(*)

Number by education level:	P	Primary schooling or below	_____	(a)
	S1	Secondary 1 to Secondary 3	_____	(b)
	S2	Secondary 4 to Secondary 7	_____	(c)
	T	Post secondary	_____	(d)
	U	University or above	_____	(e)
	Total (a+b+c+d+e)			_____ (*)

(Numbers indicated by \* should be the same)

### Preference on Volunteer Service

#### Preference on age of service target (You can choose more than one)

NP	No preference	CH	Children (0-12)	YO	Youth (13-25)	AD	Adult (26-59)	EL	Elderly (60 or above)
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#### Preference on nature of service target (You can choose more than one)

NP	No preference	TI	Terminally ill	DR	Ex-drug addict
MI	Mentally ill	NA	New arrival	EO	Ex-offender
MR	Mentally retarded	ST	Street sleeper	PU	The general public
PH	Physically handicapped	PO	Probationer	OT	Others (please specify)
OD	Other disabled	SS	CSSA family	_____	
CI	Chronically ill	SP	Single parent family	_____	

#### Preference on service district (You can choose more than one)

NP	No preference	YTM	Yau Tsim Mong	SK	Sai Kung	TW	Tsuen Wan
CW	Central-Western	KC	Kowloon City	ST	Sha Tin	KwT	Kwai Tsing
E	Eastern	SSP	Sham Shui Po	TP	Tai Po	TM	Tuen Mun
W	Wan Chai	KT	Kwun Tong	N	North	I	Islands
S	Southern	WTS	Wong Tai Sin	YL	Yuen Long		

#### Types of Service You Want to Render (You can choose more than one)

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> OFF Office work                      | <input type="checkbox"/> VIS Visiting              | <input type="checkbox"/> PRO Promotion & social education | <input type="checkbox"/> EPA Environment protection service |
| <input type="checkbox"/> COA Coaching                         | <input type="checkbox"/> REC Recreation activities | <input type="checkbox"/> MED Medical care service         |   |
| <input type="checkbox"/> ESC Escort service                   | <input type="checkbox"/> MAN Manual work           |   |   |
| <input type="checkbox"/> BIG Big brothers and sisters service | <input type="checkbox"/> SUR Survey                | <input type="checkbox"/> PUB Publishing                   | <input type="checkbox"/> OTH Others (please specify)        |
| <input type="checkbox"/> TUT Tuition                          | <input type="checkbox"/> DES Design                | <input type="checkbox"/> HOM Home help service            | _____   |
|   | <input type="checkbox"/> CHI Child care            | <input type="checkbox"/> FSL Fund raising                 | _____   |

**Time Available to Render Volunteer Services** (please indicate with “X”)

1. Anytime of the year                      2. Period: \_\_\_\_ (D)\_\_\_\_(M)\_\_\_\_(Y) to \_\_\_\_ (D)\_\_\_\_(M)\_\_\_\_(Y)

Time/Week	MON	TUE	WED	THU	FRI	SAT	SUN
Morning (0600-1159)							
Afternoon (1200-1800)							
Evening (1801-2359)							

3. Holiday (public holiday)

# I/We give the consent to the Social Welfare Department for receiving electronic messages on promotion of volunteer movement sending to the email as specified above.

Signature of contact person: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Date: \_\_\_\_\_

Seal/chop of organization

**For official use:**  
 Signature of the registration officer: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Date: \_\_\_\_\_