

For office use

Service Unit Assigned No. _____

Service Record Book No. _____

Volunteer Movement
Individual Volunteer Registration Form

Personal Particulars

Name : (Chinese) _____ (English) _____

Identity Card/Passport No.: (the first 4 characters/ digits only)

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 Sex : _____ DOB : _____ Y _____ M _____ D _____Address : _____

Residential Telephone No. : _____ Contact Telephone No. : _____

Facsimile No. : _____ Email Address : _____

Education Level : P Primary or below S1 Form 1 to Form 3 S2 Form 4 to Form 7
 T Post-secondary U University or above

School / Serving Company: _____ District: _____

 The volunteer group / volunteer organization that I belong to has enrolled in group registration.Volunteer Training : No Yes (Please specify) Training on basic concept Training on service skillsVolunteer Experience : No Yes (Please specify) Less than 1 year 1 year to 3 years 3 years or more**Identity** ST Student HO Housewife EM Employed UM Unemployed RE Retired OT Others (please specify) _____**Employment** AD Administrative / Management personnel BU Businessman PR Professionals BL Blue collar SE Service sector TE Technical personnel CL Clerical**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 years old or above)**Preference on Nature of Service Target** (You can choose more than one) NP No preference TI Terminally ill DR Ex-drug abusers MI Ex-mentally ill NA New arrivals EO Ex-offenders MR Mentally handicapped ST Street sleepers PU The general public

- | | | |
|--|--|---|
| <input type="checkbox"/> PH Physically handicapped | <input type="checkbox"/> PO Probationers | <input type="checkbox"/> OT Others (please specify) |
| <input type="checkbox"/> OD Other disabled | <input type="checkbox"/> SS CSSA families | |
| <input type="checkbox"/> CI Chronically ill | <input type="checkbox"/> SP Single parent families | |

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Types of Services 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"/> OTH Others (please specify) |
| <input type="checkbox"/> ESC Escort service | <input type="checkbox"/> MAN Manual work | <input type="checkbox"/> PUB Publishing | |
| <input type="checkbox"/> BIG Big brothers and sisters Service | <input type="checkbox"/> SUR Survey | <input type="checkbox"/> HOM Home help service | |
| <input type="checkbox"/> TUT Tuition | <input type="checkbox"/> DES Design | <input type="checkbox"/> FSL Fund Raising | |
| | <input type="checkbox"/> CHI Child care | | |

Preference on Service District (You can choose more than one)

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

Skill(s) Equipped (You can choose more than one)

(“Skill” means that one is competent of the skill and can apply it to service.)

- | <u>Sports</u> | <u>Office work</u> | <u>Communication</u> | <u>Foreign languages</u> |
|---|---|---|---|
| <input type="checkbox"/> SPBA Badminton | <input type="checkbox"/> OFAC Accounting | <input type="checkbox"/> CODR Drama | <input type="checkbox"/> FOEN English |
| <input type="checkbox"/> SPBK Basketball | <input type="checkbox"/> OFBO Bookkeeping | <input type="checkbox"/> COED Editing | <input type="checkbox"/> FOFR French |
| <input type="checkbox"/> SPPI Ping-pong | <input type="checkbox"/> OFMA Mail | <input type="checkbox"/> COMC Master of ceremony | <input type="checkbox"/> FOPH Filipino |
| <input type="checkbox"/> SPSO Soccer | <input type="checkbox"/> OFTE Typing English | <input type="checkbox"/> COSI Sign language | <input type="checkbox"/> FOJA Japanese |
| <input type="checkbox"/> SPSW Swimming | <input type="checkbox"/> OFTC Typing Chinese | <input type="checkbox"/> COOT Others (please specify) | <input type="checkbox"/> FOIN Hindi |
| <input type="checkbox"/> SPTE Tennis | <input type="checkbox"/> OFOT Others (please specify) | | <input type="checkbox"/> FOOT Others (please specify) |
| <input type="checkbox"/> SPOT Others (please specify) | | | |

Medical care (with valid certificate)

- | |
|---|
| <input type="checkbox"/> MEFI First aid |
| <input type="checkbox"/> MELI Life saving |
| <input type="checkbox"/> MENU Nursing care |
| <input type="checkbox"/> MEOT Others (please specify) |

Art design

- | |
|--|
| <input type="checkbox"/> ARCA Calligraphy/ Art calligraphy |
| <input type="checkbox"/> ARDE Design |
| <input type="checkbox"/> ARDR Drawing |
| <input type="checkbox"/> ARPH Photography |
| <input type="checkbox"/> ARSC Screen printing |
| <input type="checkbox"/> AROT Others (please specify) |

Chinese dialects

- | |
|---|
| <input type="checkbox"/> CHMA Mandarin |
| <input type="checkbox"/> CHCH Chaozhou |
| <input type="checkbox"/> CHFU Fujian |
| <input type="checkbox"/> CHHA Hakka |
| <input type="checkbox"/> CHSH Shanghai |
| <input type="checkbox"/> CHOT Others (please specify) |

Music

- | |
|---|
| <input type="checkbox"/> MUCH Chinese instrument |
| <input type="checkbox"/> MUGU Guitar |
| <input type="checkbox"/> MUPI Piano |
| <input type="checkbox"/> MUSI Singing |
| <input type="checkbox"/> MUOT Others (please specify) |

<u>Technical skills</u>	<u>Dance</u>	<u>Home economics</u>	<u>Operating computer software</u>
<input type="checkbox"/> TEDR Driving (with valid license)	<input type="checkbox"/> DAMO Modern dance	<input type="checkbox"/> DOBE Beauty treatment	<input type="checkbox"/> CMWN WINDOWS
<input type="checkbox"/> TEHO Household maintenance	<input type="checkbox"/> DAAE Aerobics	<input type="checkbox"/> DOHA Hairdressing	<input type="checkbox"/> CMFP FOXPRO
<input type="checkbox"/> TESM Metalworking	<input type="checkbox"/> DACH Chinese dance	<input type="checkbox"/> DOCO Cookery	<input type="checkbox"/> CMPP PowerPoint
<input type="checkbox"/> TEWO Carpentry	<input type="checkbox"/> DAFO Folk dance	<input type="checkbox"/> DOKN Knitting	<input type="checkbox"/> CMCD CORELDRAW
<input type="checkbox"/> TEEL Electrical engineering (with valid license)	<input type="checkbox"/> DAOT Others (please specify) _____	<input type="checkbox"/> DOSE Sewing	<input type="checkbox"/> CMEX EXCEL
<input type="checkbox"/> TEOT Others (please specify) _____		<input type="checkbox"/> DOHA Handicraft	<input type="checkbox"/> CMWW WINWORD
		<input type="checkbox"/> DOOT Others (please specify) _____	<input type="checkbox"/> CMOT Others (please specify) _____

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Time Available to Render Volunteer Service

1 Any time of the year 2 Period: Y M D to Y M D

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (06:00 - 11:59)							
Afternoon (12:00 - 18:00)							
Evening (18:01 -23:59)							

3 Holiday (public holiday)

Signature of applicant: _____ Date: _____

(If you are under 18 years old, please first obtain the consent of your parents or guardian and ask him/her to sign below to show his/her consent)

Signature of parents/guardian: _____
 Name of parents/guardian: _____
 Date: _____

<p><u>For office use</u></p> <p>Signature of the registration officer: _____</p> <p>(Name: _____)</p> <p>Date: _____</p>

Each applicant is required to hand in this registration form once only. The above information is collected for the purpose of assessing your suitability to register as a Registered Individual Volunteer, monitoring and reviewing the project, and conducting research and survey. Personal information is provided to us on a voluntary basis. If personal information provided is inadequate, we may not be able to process your application. If registration is approved, your information may be provided to volunteer organizations concerned upon referral for contact and reference purposes. If you want to access or change your personal data, you can contact the service unit / office which processed your

registration.

Volunteer Movement

Guide to Individual Volunteer Registration

- (1) If you want to be a registered volunteer of Social Welfare Department, please complete the **“Registration Form For Individual Volunteer ”** (Form 1). When completing the form, put X in the appropriate box (□). For Identity Card/ Passport No., please fill in the first 4 characters/ digits.
- (2) Please fill the “Contact Telephone No.” field for contact purpose though your contact telephone number may be the same as your residential telephone number.
- (3) Preferences on Service Target(s)
 - 3.1 When indicating your preference on service target(s), please put X in appropriate box (□) of both “Preference on Age of Service Target ” and “Preference on Nature of Service Target”.
 - 3.2 If you have filled the box of “Preference on Age of Service Target ” but left the box of “Preference on Nature of Service Target” blank, your preference on nature of service target will be regarded as “ The general public”. If you have filled the box of “Preference on Nature of Service Target” but left the box of “Preference on Age of Service Target ” blank, your preference on age of service target will be regarded as “No preference”.
- (4) Time Available to Rendering Volunteer Service
 - 4.1 Please fill “Any time of the year” or “Period”. Then indicate time available to render volunteer service by putting X in appropriate box(es) in the ‘week & time’ table below. For example, you choose “Any time of the year” and “Wednesday Morning”, that means you are available to render volunteer service every Wednesday morning during the year and so forth.
 - 4.2 Indicate whether you are available to render volunteer service during public holidays in the “Holiday” box . Sunday is not counted as “Holiday”.
- (5) Please choose one district to be your registration district from 12 districts and send your registration form to the District Designated Office for Volunteer Service of your registration district.
- (6) Upon receiving your registration form, the District Designed Office for Volunteer Service concerned will verify your information and inform you of the result. If you are accepted as Registered Individual Volunteer, the respective District Designed Office for Volunteer Service will be responsible for matters concerning your volunteer service, for example, allocating service opportunities, recording service hours and recommending commendation, etc. For enquiries, you can contact the respective District Designated Office for Volunteer Service.