**Support Teams for the Elderly (STE) – Individual Volunteer Registration Form**

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| **For Office Use** |
| STE Reference No.: |  |  | Volunteer Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Boundary of District Council (Volunteer):  |  |  | Volunteer Organisation Registration No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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(▲Mandatory fields; ★ Choose one item only)

**Part I : Basic Information**

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| **1. Personal Particulars** |
| 1.1 Name:▲ (Chinese) |  | (English) |  |  |
|  |
| 1.2 ▲HKIC No.: |  |  | ▲Sex: | Male/ Female |  |
|  |
| 1.3 ▲Date of Birth: |  | Year |  | Month |  | Day |  |
|  |
| 1.4 Address： |  |  |
| 1.5 Tel. No.: | (Residential | Telephone No.) |  | (Contact Telephone No.) |  |  |
|  |
|  |  | (Facsimile No.) |  | (Email Address) |  |  |
|  |
| 1.6 ★Education Level:： |  | 🞎 | Never in schooling |  | 🞎 Primary or below | 🞎 | Form 1 to Form 3 | 🞎 | Form 4 to Form 7 |
|  |  | 🞎 | Post-secondary or above | 🞎 | Others |
| 1.7 ★Volunteer Training: |  | 🞎 | Yes | 🞎 | No |
| 1.8 ★Volunteer Experience: |  | 🞎 | No | 🞎 | Yes (less than 1 year)  |
|  |  | 🞎 | Yes (1 to 3 years) | 🞎 | Yes (4 years or more)  |
| 1.9 ★Employment： |  | 🞎 | Administrative/ Management personnel | 🞎 | Businessman | 🞎 | Professionals | 🞎 | Blue collar | 🞎  | Service sector |
|  |  | 🞎 | Technician  | 🞎 | Clerical | 🞎 | Student | 🞎 | Unemployed | 🞎 | Housewife  |
|  |  | 🞎 | Retiree | 🞎 | Others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
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(Remark: Please fill in any 8 numbers if the HKIC No. cannot be provided)

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| **2. File Information** |
| 2.1 ▲Date of File Open ： | Year Month Day  |
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| **3. Skills Equipped** |
| 3.1 Chinese Dialects: | 🞎 | Mandarin | 🞎 | Chaozhou | 🞎 | Fujian | 🞎 | Hakka |
|  | 🞎 | Shanghai | 🞎 | Toishan | 🞎 | Others (please specify: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 3.2 Medical Care: | 🞎 | First aid | 🞎 | Life saving | 🞎 | Nursing care | 🞎 | Blood pressure check |
|  | 🞎 | Lifting and transfertechniques | 🞎 | Use of wheelchair | 🞎 | Others (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 3.3 Home Economics: | 🞎 | Beauty treatment | 🞎 | Hairdressing | 🞎 | Cookery | 🞎 | Knitting |
|  | 🞎 | Sewing | 🞎 | Handicraft | 🞎 | Others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| 3.4 Technical Skills: | 🞎 | Driving (with valid license) | 🞎 | Household repairs | 🞎 | Operating computer software |
|  | 🞎 | Electrical engineering (with valid license) | 🞎 | Plumbing repairs | 🞎 | Others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |

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**Part II: Types of Services You Want to Render**

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| 4. Type of Services You Want to Render |  |
| 4.1 Service Type: | 🞎 | Telephone contact/ greeting | 🞎 | Visiting | 🞎 | Social, recreational and educational activities | 🞎 | Home respite service |
|  | 🞎 | Household cleansing | 🞎 | Household maintenance | 🞎 | Assist in purchasing / payment  | 🞎 | Escort service |
|  | 🞎 | Others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)Others (please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |  |
|  |
| 4.2 Time Available to Render Volunteer Services |
| Time | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| Morning | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Afternoon | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |
| Evening  | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 | 🞎 |

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| Declaration: I agree that the information contained in this form can be used by the Support Teams for the Elderly, related departments and non-governmental organizations for consideration of registration as an individual volunteer for Support Teams for the Elderly. I am also willing to provide services as arranged by social workers. |
| Signature of applicant: |  | Date: |  |  |
| (If you are under 18 years old, please obtain prior consent from your parents or guardian and ask him/her to sign below for his/her consent)  |
| Signature of parents/guardian: |  |  |
| Name of parents/ guardian: |  | Date: |  |  |
| Remarks: 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 be a volunteer, monitoring and reviewing the services, 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. |

**Part III: Issuing Volunteer Card**

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| 5.1 Effective date of Volunteer Card : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Renewal:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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**Part IV: Service Withdrawal**

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| --- | --- | --- | --- | --- | --- | --- |
| 6.1 Date of Withdrawal: |  | Return of Volunteer Card: | 🞎 | No | 🞎 | Yes |
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| For Clientele Information System Use Only |
| Last update: |  |  |
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