**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.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | | | |

(▲Mandatory fields; ★ Choose one item only)

**Part I : Basic Information**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(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 transfer techniques | 🞎 | 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**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | | |

**Part IV: Service Withdrawal**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| 6.1 Date of Withdrawal: |  | Return of Volunteer Card: | 🞎 | No | 🞎 | Yes |
|  | | | | | | |

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| For [Clientele Information System](javascript:void(0);) Use Only | | |
| Last update: |  |  |
|  | | |