	Suppo	rt I	eams for the Elder	rly ((STE) — Individi	ual V	olunteer Ke	gistration Fo	rm			
	Office Use E Reference No.:			Volunteer Registration No.:								
	indary of District incil (Volunteer):	=		Volunteer Organisation Registration No.:								
(A 1	Mandatory fields;	* (Choose one item on	ly)								
Par	t I : Basic Informa	atio	1									
1.	Personal Particula											
1.1	Name: ▲ (Chinese))		(English)								
1.2	▲HKIC No.:						▲Sex:	Male/ Fer	nale			
1.3	▲ Date of Birth:		Year		Month		Day					
1.4	Address:											
1.5	Tel. No.: (Residential		tial Telephone No.)		(0	Conta	ct Telephone	No.)				
			(Facsimile No.)		(1	Email	Address)			_		
1.6	★Education Level:	::	☐ Never in schooling		☐ Primary or below		Form 1 to Fo	orm 3	For	m 4 to Form 7		
			☐ Post-seconda	ıry c	or above		Others					
1.7	★Volunteer Training	ng:	☐ Yes				No					
1.8	★ Volunteer Experi	ence	e: 🗆 No				Yes (less tha	n 1 year)				
			\square Yes (1 to 3 y	ears)		Yes (4 years	or more)				
1.9 ★Employment:			/ Manageme							☐ Service sector		
			☐ Technician		☐ Clerical		Student	□ Unemplo	oyed	☐ Housewife		
				_	7 04 /1	• ,	c			,		
			☐ Retiree		☐ Others (please	specii	ry:)		
(Ren	nark: Please fill in any 8	8 nui	mbers if the HKIC No.	canr	not be provided)							
2.	File Information											
2.1	▲ Date of File Op	en	: <u>Y</u>	ear	Month	h	Day					
3.	Skills Equipped											
3.1	Chinese Dialects:		Mandarin		Chaozhou		Fujian			Hakka		
			Shanghai		Toishan		Others (pleas	se specify:)		
3.2	Medical Care:		First aid		Life saving		Nursing care	2		Blood pressure check		
			Lifting and transfer techniques		Use of wheelchai	ir 🗆	Others (pleas	se specify:)		
3.3	Home Economics:		Beauty treatment		Hairdressing		Cookery			Knitting		
			Sewing		Handicraft		Others (plea	se specify:)		
3.4	Technical Skills:		Driving (with valid license)		Household repair	rs 🗆	Operating co	omputer softwa	are			
			Electrical engineering (with valid license)		Plumbing repairs		Others (plea	se specify:)		

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

Part II: Types	of Services	You Want to	Render							
4. Type of Set4.1 Service Ty	pe:	eting usehold unsing	ct/ ☐ Visiting ☐ Househole maintenar	Visiting ☐ Social, recreational and ☐ Home resping educational activities						
4.2 Time Avail										
Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday			
Morning	· · · · · · · · · · · · · · · · · · ·									
Afternoon										
Evening										
	1				1					
departments and	d non-governr	nental organiz		deration of re	gistration as	an individual v	r the Elderly, related olunteer for Support			
Signature of applicant: (If you are under the state of t										
Signature of parents/guardian				1			,			
Name of parents guardian:			Dat	te:						
purpose of asses	ssing your sui l information i	tability to be a s provided to	a volunteer, mon	itoring and re	viewing the se	ervices, and con	n is collected for the ducting research and inadequate, we may			
Part III: Issui										
5.1 Effective	5.1 Effective date of Volunteer Card : Date of Renewal:									
Part IV: Servi	ce Withdraw	val								
6.1 Date of W		· 		Return of	Volunteer Car	d: □ No	□ Yes			
For Clientele In	nformation S	ystem Use Or	nly							
Last update:		-	-							