

Skeleton Volunteers Record

Name of treatment centre : _____

Address : _____

Date of reporting : _____

Name (in English)	Name (in Chinese)	Sex	HKIC No.	Date of commencement of service	Post Held	Hours of Service (per day / per month)	Time of Service (e.g. 9 a.m. – 5 p.m.)	Qualification

Signature _____
Name of reporting staff ()