

Po Leung Kuk Tsui Lam Centre Volunteer Application Form

I. 中文姓名 英文姓名
Name in Chinese: _____ Name in English: _____

身份證號碼 性別
HKID Card No. : _____ (英文字母連數字之首六個字元) Sex: _____

住所地址
Address: _____

郵寄地址 (如與上述不同)
Correspondence Address: _____

電話 (手提) (電郵)
Telephone No. (Mobile) : _____ (Email) : _____



* 請選擇可接收服務資訊的途徑：
Please indicate the channels by which you want to receive service information:

Whatsapp 電話短訊(SMS) 來電(Phone call)

II. 學歷 Educational Background:

未入學 No Schooling 小學 Primary 中學 Secondary 專上 Post-secondary

大學或以上 University or above 其它(請註明) Others(please specify): _____

III. 職業 Occupation: _____

IV. 語言 Language:

廣東話 Cantonese 普通話 Mandarin 中國方言 Chinese dialect _____
 英語 English 印度 Hindi 印尼 Indonesian
 尼泊爾 Nepali 烏都 Urdu 菲律賓 Filipino
 泰國 Thai 越南 Vietnamese 手語 Sign Language / 其他 Others _____

V. 義工服務經驗 Volunteer work experience:

沒有 No 少於1年 less than 1 yr 1至3年 1 to 3yrs 3至5年 3 to 5yrs 5年或以上 5 yrs or above

如有，請註明服務類別：

If yes, please specify service type: _____

VI. 請以次序 1 至 5 排列優先選擇之服務類別 (請以「x」註明不選擇項目) Please rank service type in order of preference from 1 to 5 (Please put "x" to indicate the non-selected item) :

____ 陪同受害人參與司法程序 (例如報案、申請法律援助、面見律師或出席聆訊)

Accompany victims to go through judicial process (e.g. reporting a case to the police, applying Legal Aid , meeting with a solicitor or attending court hearing)

____ 托管兒童 Temporary child care support

____ 陪同受害人或家人尋找及使用社區資源 (例如申請經濟援助、轉校、物色租盤、領取傢俱)

Accompany victims or their family members to locate and use community resources (e.g. applying financial assistance, school transfer, finding private rental, receiving furniture)

____ 家訪/家居安全/生活指導 (指導項目包括照顧個人/家人、處理家務及生活適應)

Home visit/ Home Safety assessment/ provide guidance and training to victims or their family members on basic skills about personal care, care to family members, household management and life adjustment

____ 服務推廣 Service promotion

VII. 請以次序 1 至 6 排列優先選擇之服務地區(請以「x」註明不選擇項目) Please rank your choice of location in order of preference from 1 to 6 (Please put “x” to indicate the non-selected item) :

- | | |
|-------------------|-----------------------------------|
| _____ 香港及離島 | Hong Kong and Islands |
| _____ 觀塘、黃大仙及西貢 | Kwun Tong, Wong Tai Sin, Sai Kung |
| _____ 油尖旺、深水埗及九龍城 | Yau Tsim Mong and Sham Shui Po |
| _____ 荃灣及葵青 | Tsuen Wan and Kwai Tsing |
| _____ 沙田、大埔及新界北 | Shatin , Tai Po and North |
| _____ 元朗及屯門 | Yuen Long and Tuen Mun |

VIII. 請 ✓ 可服務之日期和時間 Please ✓ date / time that you are available for service:

	星期一 Monday	星期二 Tuesday	星期三 Wednesday	星期四 Thursday	星期五 Friday	星期六 Saturday	星期日 Sunday
上午 AM							
下午 PM							

* 支援服務主要在星期一至五辦公時間內進行。

* Support services are mainly carried out during office hours from Monday to Friday.

IX. 認識本服務的途徑 Ways of knowing our service:

- 網上 Internet (請註明 please specify: _____) 報章/雜誌/電台 Media
- 單張/海報 Leaflet/ poster 社會服務機構 Social service agency (請註明 please specify: _____)
- 朋友 friend 其他 Others _____
- 介紹人/ 機構 (如適用) Source of Referral (if applicable) : _____

X. 你曾否在香港或其他地方被裁定干犯性罪行或其他刑事罪行，或涉及任何在進行中的刑事訴訟或調查？
Have you ever been convicted of sexual offence or other criminal offence in Hong Kong or elsewhere, or whether involved in any ongoing criminal proceedings or investigation ?

否 No 有 Yes，請列明 please state : _____

XI. 同意及聲明 Agreement and statement

本人同意於接受培訓或參與活動期間可能會被拍攝作日後服務推廣用途。

I consent my photos which taken during the trainings or activities can be published for service promotion.

本人明白和同意以上資料只會用作本人之義工申請及登記，而該等資料均會保密。有關保良局社會服務部保障資料之政策及措施可參閱中心張貼之通告及向單位主任查詢。

I understand and agree that the information given above is strictly confidential and only for the volunteer application and registration purposes. Information on policies and guidelines to Personal Data (Privacy) Ordinance of Po Leung Kuk Social Services Department is available at the notice board of service unit and through enquiries to the officer-in-charge.

此表格上之個人資料除作上述用途外，本局將不時透過直接郵遞、電郵、電話、手機短訊及傳真等途徑，向閣下提供有關本局動向、服務推廣及籌募活動等的資訊，屆時將需要使用閣下存於本局之聯絡資料與閣下通訊。如不擬收取，請與保良局翠林中心聯絡或在以下方格內加「✓」號後交回本中心，電話：2894 8896 或傳真：2894 8038。

本人不欲收取任何保良局上述的宣傳郵件。

Your personal data provided in this form will be used for the above purpose. The Kuk may use your personal data in the database of the Kuk to send you the most updated information relating to our services, development and the appeal of donation campaigns through various channels such as direct mailing, email, telephone, SMS or facsimile, etc. If you do not wish to receive such materials, please contact Tsui Lam Centre or put a “✓” in the box below and send back to Po Leung Kuk through Tel: 2894 8896 or Fax: 2894 8038

I do not wish to receive any promotion materials from Po Leung Kuk as specified above.

申請人簽署
Signature of applicant: _____

日期
Date: _____