

義工申請表 VOLUNTEER APPLICATION FORM

個人資料 Personal Information Please ✓ the appropriate boxes 請在適用空格填上✓

小姐 Miss 女士 Ms 太太 Mrs 先生 Mr

姓 Surname _____ 名 Name _____

地址 Address _____

聯絡電話 Tel No. _____ 手電 Mobile No. _____

傳真 Fax No. _____ 電郵 Email _____

*婚姻狀況 Marital Status _____ *職業 Occupation _____

*可選擇填寫 Optional

你是否 Are you a

- 乳癌康復者 Breast cancer survivor
- 乳癌病人/康復者的家人/朋友 Family member/friend of a breast cancer patient/survivor
- 專業人士〈如醫生、護士、社工、輔導員等〉 Professional (e.g. doctor, nurse, social worker, counselor, etc.),
請註明 please specify: _____
- 其他 Others _____

義務工作 Volunteer Work

1. 我願意成為義工，參與 I want to join as volunteer and take part in

- 病友電話支援 Peer Telephone Support 與病友分享(病友支援小組) Patient Support Group
- 籌款活動 Fundraising 撰稿 Copy writing 翻譯 Translation
- 辦公室行政支援 (在辦公時間支援資料輸入、電話聯絡及信件處理等)
Administrative Support, such as data input, making phone calls and lettershop during office hours.
- 其他 Others _____

2. 參與時段 Time slot preferred (可選擇多於一個 Can ✓ more than one)

日子 Day	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
時間 Time							
上午 AM							
下午 PM							
晚間 Evening							

- 公眾假期 Public holidays 沒有指定時間 Flexible/negotiable

3. 你有義工經驗嗎? Volunteer experience

- 沒有 Nil 有，請註明 Yes, please state:

日期 Date	機構 Organization	團體/計劃/服務名稱 Name of Group/Programme/Service	服務對象 Service Target	你的參與 Your role as volunteer

4. 你接受過義工訓練嗎? Volunteer' s training

沒有 Nil 有，請註明 Yes, please state:

日期 Date	機構 Organization	訓練主題 Theme of Training

如表格上的空位不敷應用，請另紙書寫有關資料。
In case of insufficient space, please write on a separate sheet.

香港乳癌基金會可能會因應服務需要，為義工提供相關培訓，我們希望完成培訓的義工，能於一年內為本會服務不少於 50 小時。

Hong Kong Breast Cancer Foundation (HKBCF) may provide specific training to volunteers when appropriate for delivery of some services. We hope all trainees can contribute no less than 50 hours of service to our Foundation in 1 year upon completion of training.

聲明：

我同意香港乳癌基金會使用上述資料安排義務工作及義工訓練。

Declaration :

I agree that HKBCF can use the above data for arrangement of volunteer service and training.

申請人簽署 Signature of Applicant: _____ 日期 Date: _____

本會保證所有個人資料絕對保密，只供內部用途。
HKBCF assures that all information received will be treated in strictest confidentiality.

填妥表格請寄回：

香港北角木星街 9 號永昇中心 22 樓
香港乳癌基金會
或 傳真至 2525 6233

Please fill in this form and MAIL to:

Hong Kong Breast Cancer Foundation, 22/F, Jupiter Tower, 9 Jupiter Street, North Point, Hong Kong
Or FAX to 2525 6233

本會專用 Office Use Only

評語 Comments : _____

職員姓名 Staff Name : _____ 職位 Staff position : _____

職員簽署 Staff signature : _____ 日期 Date : _____

Confidentiality Undertaking

In the course of my engagement with Hong Kong Breast Cancer Foundation Limited (“HKBCF”), I may be given access to certain confidential information of the HKBCF depending on my nature of work, duties and responsibility.

By signing this Undertaking, I agree to comply with the HKBCF’s Policy & Procedures on Confidentiality (the “Policy”) pertaining to the access, use and disclosure of the HKBCF’s Confidential Information as defined in the Policy. I understand that the HKBCF reserves the right and discretion to revise or update the provisions in the Policy as and when necessary, and will inform me of such amendments.

Signature

Name:

Date: