

CanRevive Volunteer Application Form 更生會義工申請表

Name 姓名: (English 英文) _____ (Chinese 中文) _____ Sex 性別: M 男 / F 女

Date of Birth 出生日期: _____ Place of Birth 出生地點: _____

Address 地址: _____ Post Code 郵區: _____

Phone 電話: _____ Mobile 手機: _____ Email Address 電郵: _____

Language 語言: Cantonese 廣東話() Mandarin 普通話() English 英文() Occupation 職業: _____

Education Level 教育程度: _____ Special Skills & Qualifications 特殊技能及資格: _____

Volunteering Experience 義務工作經驗: Yes 有() No 沒有()
If yes, please specify 如有, 請詳述: _____

Emergency Contact 緊急聯繫人: _____ and his/her Mobile no. 手機號碼 _____

Driver's licence 駕駛執照: Yes 有() No 沒有()

Have own car for Home/Hospital visits 家訪/醫院探訪時, 可以使用自己的汽車: Yes 可以() No 不可以()

Time available for voluntary work: days & hours 可以擔任義工的時間:

	星期一	星期二	星期三	星期四	星期五	星期六
AM 上午						
PM 下午						

Interested Areas 有興趣的工作:

Support Group 支持小組()

Roster Duty 辦事處當值()

Phone Support 電話支持()

Recreational Activities 康樂活動()

Editorial & Newsletter 編輯及季刊()

Technical Support 專業技術支援()

Hospital Visits 醫院探訪()

Accounts 會計()

Home Visits (Palliative Care) 家訪 (寧養關懷) ()

Interest Groups 興趣小組(_____)

For others, Please specify 請詳述(_____)

Record of Illness 病歷: No 沒有() Yes 有() Please specify 請詳述: _____

Affiliation with Cancer 與癌症有關事宜:

Have you ever had cancer? 你是否曾患癌症 Yes 是() No 否()

If Yes, answer (1), (2) & (3); if No, go to questions (4), (5) & (6)

如是, 請答 (1), (2) 及(3); 如否, 請答(4), (5)及(6)

- (1) If Yes, what type of cancer 如是，何種癌症_____
- (2) When diagnosed 何時確診_____ When treatment completed 何時完成治療_____
- (3) What is your current health status? 你現時的健康情況 _____
- (4) Have you been a carer of a cancer patient? 你是否為癌症病人的關顧者?
No 否 () Yes 是 () Please specify the type of cancer 請詳述是何種癌症:_____
- (5) What is your relationship with the cancer patient? 與癌患者的關係 _____
- (6) What is his/her current health status? 他/她們現時的健康情況_____

Signature 申請人簽署: _____ **Date 日期:** _____

Privacy & confidentiality: CanRevive is bound by the National Privacy Principles. Information provided will only be used for administrative and insurance purpose.
私隱及保密: 更生會遵守國際私隱條例, 以上所提供的資料只會用於本會行政及保險事宜。

Office Use 辦事處專用

Name: _____ **CanRevive Ref. No:** _____

Interview conducted by: _____ Date: _____

Information recorded by: _____ Date: _____

Record of Interview in file

Job Role Description in file

Database entry

Confidentiality Form

Volunteer Partnership Agreement in file

Resignation: _____ **Date:** _____

Exit Interview **Date:** _____

Exit Reason Form **Date:** _____

Thank you letter **Date:** _____