義工申請表

姓名 :	姓別: ◯ 男 / ◯ 女
地址:	年齡:
電郵:	手提電話:

I. 請選擇以下的服務 (可選擇多一項)

1.1 到戶服務
1.2 協助戶外活動
1.3 協助會務工作

2. 請選擇每星期義工服務次數

2.1 每星期____次 早上 (◯), 下午(◯),
2.2 每兩星期 ____次 全日 (◯)
2.3 一個月____次

3.你現時是否一個活躍的義工 ? ◯ 是 ◯ 否

3.1 現時義工服務的機構 :_____

3.2 主要對象: _____

4.你有否受過義工訓練? ◯ 是 ◯ 否

4.1 如果有, 於那一年和那一間 機構接受過訓練 _____年_____

機構：

5. 你有否受過認知障礙症`義工訓練? ◯ 是 ◯ 否

5.1 如果有, 於那一年 和那一間機構接受過訓練 _____年_____

機構：

6. 請選擇以下時段可參與本會的義工訓練

6.1 平日, 上午(◯)/下午 (◯)
6.2 星期六, 下午 (◯)

本會聲明

聯盟只會用個人資料以作通訊用途。不會用作商業用途或研究。

簽名: _____ (_____)

日期: _____

Application for Voluntary work

Name:	Gender: ◯ M / ◯ F
Address:	Age:
Email address :	Mobile:
I. Please tick one or more than one voluntary work 1.1 Home Visit 1.2 Help out outdoor activities/events 1.3 Help out administrative work	
2. Please select below of your available days and time 2.1 _____days per week 2.2 _____day per fortnight 2.3 _____once a month Am (◯), Afternoon (◯), whole day (◯)	
3. Are you already an active volunteer? ◯ Y ◯ N 3.1 Name of NGO:_____ 3.2 Target group: _____	
4. Have you ever received voluntary training? ◯ Y ◯ N 4.1 If yes, when did you receive the training and by which NGO ____Year:_____ _____	
5. Have you ever received voluntary training on Dementia Care? ◯ Y ◯ N 5.1 If yes, when did you receive the training and by which NGO____Year:_____ Organization:_____	
6. Please tick your preference for attending the Voluntary training to be organized by Hong Kong Carer Alliance for Dementia 6.1 Any day, ◯ AM / ◯ PM 6.2 Saturday, ◯ Afternoon	

HKCAD Declaration

Personal data will only be used for internal communication but not for commercial use or for research purpose

Sig: _____ (_____)

Date: _____