

## **Volunteer Application Form**

(A) Personal Information			
Name:	Other Names:	Sex:	
Date of Birth:	ID Card / Passport Number:	Nationality:	
Languages spoken: Cantonese English Mandarin Others (Please specify:)			
Education level: Primary or below Secondary/High School			
College/University or above (Please specify the subject:)			
Occupation status: Student (Please specify the subject & Year of Study:)			
Employed Self- employed Retired Others:)			
Job Nature (Please indicate if you are 'employed', 'self-employed' or 'retired'):			
Administration/ Management	Business	Clerical	
Service/ Hospitality Social Service (e.g. Fundraising Ambassador)			
Professional (Please specify:) Others (Please specify:)			
(B) Contact Information			
Contact Phone Number:	Email Address:		
Mailing Address:			
Newsletter Preference (Please choose one):			
I would like to receive the HKAF's newsletter "In Touch" in print regularly.			
(Please provide your mailing address above.)			
I would like to receive the HKAF's newsletter "In Touch" online regularly.			
I prefer not to receive the HKAF's newsletter "In Touch".			
(C) Volunteer Experience			
*Please briefly tell us about your previous experience in voluntary service (e.g. fundraising ambassador, event			
helperetc.). You may leave this box blank if you are new to voluntary work.			

(D) Service Area Preference			
*Please indicate your preferences with number	rs in chronological order (e.g.	1 = most interested in). You can choose more	
than one area.			
[AIDS Educational Service]			
Community AIDS Education Events	Education Events for Men	Education and Outreach Services for	
	Having Sex with Men	Ethnic Minorities	
[HKAF Internal Duty]			
AIDS Helpline / Mailbox Supporting	g Service for AIDS patients	Fundraising Works	
[Professional Duty] (Relevant professional qualifications are required.)			
Arts & Graphic Design VCT IT Support Legal Advice Translation Website Design			
Counseling Service (Please specify any training you have received:)			
Others (Please specify:		)	
( E ) Other Information (Optional)			
*You may provide us with any other information.			
	(F) Important Notes		
1. All the information collected will only be	used for the coordination of vo	luntary services.	
2. All applicants must complete the HKAF B	Basic Volunteer Training Progra	m before becoming our registered volunteer.	
3. The HKAF has the rights of refusing or ter	rminating any applications and	registration of volunteers.	
4. Please mail the completed application form with the subject "Volunteer Application Form" to Mr. Johnny Li			
(Address: 5/F, Shaukeiwan Jockey Club Clinic, 8 Chai Wan Road, Shaukeiwan, HK).			
5. Please contact Mr. Johnny Li (Senior Programme Manager) if you have any enquires.			
(Tel: 2560-8528 Email: johnnyli@hkaf.com)			
Date:	Signature:		
*For HKAF Internal Use Only*			
Rc. D.	Rp. D.		
B. T. HI	L. T.	MB. T.	
Rmk.			

**QL** 

香港愛滋病基金會 HONG KONG AIDS FOUNDATION

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Address : 5/F Shaukeiwan Jockey Club Clinic, 8 Chai Wan Road, Shaukeiwan, Hong Kong

Email : <u>hkaf@hkaf.com</u>

Website : http://www.aids.org.hk