

Volunteer Application Form

(A) Personal Information		
Name: _____	Other Names: _____	Sex: _____
Date of Birth: _____	ID Card / Passport Number: _____	Nationality: _____
Languages spoken: <input type="checkbox"/> Cantonese <input type="checkbox"/> English <input type="checkbox"/> Mandarin <input type="checkbox"/> Others (Please specify:_____)		
Education level: <input type="checkbox"/> Primary or below <input type="checkbox"/> Secondary/High School <input type="checkbox"/> College/University or above (Please specify the subject:_____)		
Occupation status: <input type="checkbox"/> Student (Please specify the subject & Year of Study:_____) <input type="checkbox"/> Employed <input type="checkbox"/> Self- employed <input type="checkbox"/> Retired <input type="checkbox"/> Others: _____)		
Job Nature (Please indicate if you are ‘employed’, ‘self-employed’ or ‘retired’): <div style="display: flex; flex-wrap: wrap;"> <div style="width: 33%;"><input type="checkbox"/> Administration/ Management</div> <div style="width: 33%;"><input type="checkbox"/> Business</div> <div style="width: 33%;"><input type="checkbox"/> Clerical</div> <div style="width: 33%;"><input type="checkbox"/> Service/ Hospitality</div> <div style="width: 33%;"><input type="checkbox"/> Social Service (e.g. Fundraising Ambassador)</div> <div style="width: 33%;"><input type="checkbox"/> Technical Support</div> <div style="width: 33%;"><input type="checkbox"/> Professional (Please specify: _____)</div> <div style="width: 33%;"><input type="checkbox"/> Others (Please specify: _____)</div> </div>		
(B) Contact Information		
Contact Phone Number: _____	Email Address: _____	
Mailing Address: _____ _____		
Newsletter Preference (Please choose one): <input type="checkbox"/> I would like to receive the HKAF’s newsletter “In Touch” in print regularly. (Please provide your mailing address above.) <input type="checkbox"/> I would like to receive the HKAF’s newsletter “In Touch” online regularly. <input type="checkbox"/> 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 helper...etc.). You may leave this box blank if you are new to voluntary work.		

(D) Service Area Preference			
※Please indicate your preferences with numbers in chronological order (e.g. 1 = most interested in). You can choose more than one area.			
[AIDS Educational Service]			
<input type="checkbox"/> Community AIDS Education Events	<input type="checkbox"/> Education Events for Men	<input type="checkbox"/> Education and Outreach Services for Having Sex with Men Ethnic Minorities	
[HKAF Internal Duty]			
<input type="checkbox"/> AIDS Helpline / Mailbox	<input type="checkbox"/> Supporting Service for AIDS patients	<input type="checkbox"/> Fundraising Works	<input type="checkbox"/> Clerical Work
[Professional Duty] (Relevant professional qualifications are required.)			
<input type="checkbox"/> Arts & Graphic Design	<input type="checkbox"/> VCT	<input type="checkbox"/> IT Support	<input type="checkbox"/> Legal Advice
		<input type="checkbox"/> Translation	<input type="checkbox"/> Website Design
<input type="checkbox"/> Counseling Service (Please specify any training you have received: _____)			
<input type="checkbox"/> 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 voluntary services. 2. All applicants must complete the HKAF Basic Volunteer Training Program before becoming our registered volunteer. 3. The HKAF has the rights of refusing or terminating any applications and registration of volunteers. 4. Please mail the completed application form with the subject "Volunteer Application Form" to 5/F, Shaukeiwan Jockey Club Clinic, 8 Chai Wan Road, Shaukeiwan, HK. 5. Please contact our staff, if you have any enquires. (Tel: 2560-8528 Email: hkaf@hkaf.com)			
Date: _____		Signature: _____	
For HKAF Internal Use Only			
Rc. D.		Rp. D.	
B. T.	HL. T.	MB. T.	
Rmk.			

Telephone : 2560-8528 Fax : 2560-4154
 Address : 5/F Shaukeiwan Jockey Club Clinic, 8 Chai Wan Road, Shaukeiwan, Hong Kong
 Email : hkaf@hkaf.com
 Website : <http://www.aids.org.hk>

