

保良局

PO LEUNG KUK



香港禮頓道66號
66, Leighton Road, Hong Kong
電話Tel. No.: 2277 8888
傳真Fax. No.: 2890 2097

INDIVIDUAL VOLUNTEER REGISTRATION FORM

To: Po Leung Kuk

Fax Number: (852) 2890 2097

PERSONAL INFORMATION

Name: _____ (Chinese) _____ (English)

Sex: Male Female HKID / Passport No. (The first four letters/digits, e.g. A123): _____

Age: Below 15 16-24 25-34 35-44 45 or above

Address: _____

Occupation: _____

Education Level: Primary Secondary 1 to 5 Secondary 6 & 7 College or above

Previous Volunteer Training: Yes No

Volunteer Experience: Nil Less than a year 1 to 4 years 4 years or above

Contact No.: _____ Fax No.: _____ Email: _____

Knowledge & Skills:

<input type="checkbox"/> Computer Knowledge & Application	<input type="checkbox"/> Website/Multi-media Design	<input type="checkbox"/> Design (Graphic/ Advertising)
<input type="checkbox"/> Music	<input type="checkbox"/> Sports	<input type="checkbox"/> Dancing
<input type="checkbox"/> Chinese Opera	<input type="checkbox"/> Drama	<input type="checkbox"/> Stage Management
<input type="checkbox"/> Heritage/ Archeology/Science	<input type="checkbox"/> Movie/Photography/ Videography	<input type="checkbox"/> Publishing
<input type="checkbox"/> Communcations/ Promotion	<input type="checkbox"/> Guided Tour	<input type="checkbox"/> Library Management
<input type="checkbox"/> Teaching/Training	<input type="checkbox"/> Translation	<input type="checkbox"/> Medical Care
<input type="checkbox"/> Financing Administration	<input type="checkbox"/> Counselling	<input type="checkbox"/> Environmental Protection
<input type="checkbox"/> Administration Management	<input type="checkbox"/> Law and Order	<input type="checkbox"/> Driving
<input type="checkbox"/> Water & Electricity Repairing Services	<input type="checkbox"/> Others (Please specify: _____)	

VOLUNTEER SERVICE

Category of Social Service:

<input type="checkbox"/> Child Care Services (Kindergartens, Creche, Special Child Education)	<input type="checkbox"/> Integrated Family Services (Family, Women & Children Residential Service)	<input type="checkbox"/> Children & Youth Services (Student Activity)
<input type="checkbox"/> Rehabilitation Services (Service for Handicapped Adults)	<input type="checkbox"/> Elderly Services	

Types of Volunteer Service:

<input type="checkbox"/> Recreational Activity	<input type="checkbox"/> Workshop/ Teaching Class	<input type="checkbox"/> Visit
<input type="checkbox"/> Escort Service for Medical Appointment	<input type="checkbox"/> Home Cleaning	<input type="checkbox"/> Home Repairing
<input type="checkbox"/> Child Care	<input type="checkbox"/> Homework Guidance	<input type="checkbox"/> Others:
<input type="checkbox"/> Translation (Language): _____		

Districts: Hong Kong: Central & Western Eastern Southern Wan Chai
 Kowloon: Kowloon City Kwun Tong Sham Shui Po Wong Tai Sin
 Yau Tsim Mong
 N.T.: Kwai Tsing North Sai Kung Sha Tin
 Tai Po Tsuen Wan Yuen Long Tuen Mun

Time Commitment:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Before 12nn							
12nn - 6pm							
After 6pm							

Do you have any prior convictions for sexual offences involving children or mentally incapacitated persons ? Yes No

Remarks: All information provided will only be used for the arrangement of volunteer services. Our staff will contact you if any suitable opportunities arise. Otherwise, this application form will be kept at our application pool for one year and destroyed thereafter.

Your personal data provided in this form will be used for the above purpose. The Kuk may use your personal data and donation record in the database of the Kuk to send you the most updated information relating to our services, development and the appeal of donation campaigns through various channels such as direct mailing, email, telephone, SMS or facsimile, etc. If you do not wish to receive such materials, please contact the Kuk or put a 「✓」 in the box below and send back to Po Leung Kuk through Tel: 2277 8888 or Fax: 2890 2097.

I do not wish to receive any promotion materials from Po Leung Kuk as specified above.

Signature of Applicant:

Date:

(For Applicant under 18)

Guardian name :

Guardian HKID / Passport No.:

(The first four letters/digits, e.g. A123)

Relationship to Applicant:

Contact No.:

Signature of Guardian:

Date:

Sexual Harassment Policy – Clause **防止性騷擾政策 – 條文**

“Appointed supplier/contractor and delegated personnel (volunteer) are/is aware of and will comply with Po Leung Kuk’s 《Sexual Harassment Policy and Procedures》 in order to create a work and service environment that is not affected by sexual harassment. Po Leung Kuk is committed to preventing and eliminating sexual harassment and will not tolerate any sexual harassment by any employee, Board member, service user, volunteer or supplier. Any harassment will be handled in accordance with the relevant internal procedures. Where a complaint of sexual harassment is found to be substantiated, Po Leung Kuk reserves the right to terminate the contract, change the relevant delegating personnel or claim compensation from your company and the delegated personnel / (you). You may contact our staff for the aforesaid Policy and Procedures.

任何指定供應商/承判商及委派人員(義工)知悉保良局《防止性騷擾政策及程序》並會遵守及按政策內所述條文執行，共同營造一個不受性騷擾影響的工作和服務環境。保良局承諾致力預防及消除性騷擾，絕不容忍任何員工、董事會成員、服務使用者、義工或供應商等的性騷擾行為，任何騷擾個案保良局皆會按相關內部程序處理。任何個案一經證實，保良局保留取消合約、更換相關委派人員及/或向閣下/貴公司及委派人員索償的權利。” 如欲查閱上述政策及程序，請與本局職員聯絡。