



香港弱智人士家長聯會
毅行者社區教育中心

The Hong Kong Joint Council of Parents of the Mentally Handicapped
Trailwalker Community Education Centre

義工登記表
Volunteer Registration Form

個人資料
Personal Data

姓名* Name* (中文)	姓名* Name* (英文)	性別* Sex*
年齡組別* Age Range*		
<input type="checkbox"/> 15 歲以下 Age of 15 or below	<input type="checkbox"/> 15- 24 歲 Age of 15 to 24	<input type="checkbox"/> 25 – 34 歲 Age of 25 to 34
<input type="checkbox"/> 35 – 49 歲 Age of 35 to 49	<input type="checkbox"/> 50- 64 歲 Age of 50 to 64	<input type="checkbox"/> 65 歲以上 Age of 65 or above
地址* Address*		
電話 Telephone		
住宅 Res. _____	辦公室 Office _____	
手提* Mobile* _____	傳呼機 Pager _____	
電郵地址 E-mail Address		
教育程度* Educational Level*		
<input type="checkbox"/> 小學以下 Primary or below	<input type="checkbox"/> 小學程度 Primary	<input type="checkbox"/> 初中程度 Lower Secondary
<input type="checkbox"/> 高中程度 Higher Secondary	<input type="checkbox"/> 大專或以上 Tertiary or above	<input type="checkbox"/> 其他 Other _____
職業 Occupation		
獲知義工消息途徑*Source of volunteer enrollment*		
專長/技能 Skills		
義工經驗 Volunteer Experience		

(接下頁 To Be Continue)

此表格於 12/08/2009 更新。(*)為必須填寫資料。

This form was updated on 11/08/2009. You are required to fill in the mandatory fields with star (*).

可參與服務時段*Time for you to attend volunteer service*							
	星期一 Monday	星期二	星期三	星期四	星期五	星期六	星期日
中心開放 時間 Opening time	中心休 息，如有活 動除外 Close excepts activities operated	10:00 -- 18:00	10:00 -- 18:00	10:00 -- 18:00	10:00 -- 18:00	10:00 -- 18:00	中心休 息，如有活 動除外 Close excepts activities operated
上午 a.m.							
下午 p.m.							
晚上 night							

本人明白所收集的個人資料只用作處理義工事宜以及資料絕對保密。

I understand that my personal data collected here will be used by the Hong Kong Joint Council of Parents of the Mentally Handicapped for the purpose of registering me as a volunteer, arranging service, communication and information must be kept in confidential.

簽署* Signature*:	日期* Date*:
--------------------	---------------

根據個人資料(私隱)條例，所有資料只供本會作資料儲存、聯絡及統計之用，未經資料當事人同意，本會不能擅自轉交或作其他用途。資料當事人亦可隨時要求查閱及更改資料。

In accordance with the Personal Data (Privacy) Ordinance, all information will be used for data processing, liaison and statistical use by our Council only. All information will not be used for other purposes or transferred to other organizations without prior consent from the data subject. The data subject has the right to access their data and make correction upon request.

(本會專用) <For Official Use Only>

義工編號 Volunteer number	
負責職員 Staff	姓名 Name:
	簽署 Signature:
	日期 Date:
備註 Remarks	

辦事處：香港九龍南山邨南安樓 21-24 號 地下

Address: Units no. 21-24, Ground Floor, Nam On House, Nam Shan Estate, Kowloon, HONG KONG.

電話 Telephone: (852) 2778 8131 傳真 Facsimile: (852) 2778 8939 電郵 E-mail: info@hkjcpmh.org.hk

香港公益金會員機構

A Member Agency of The Community Chest

香港社會服務聯會會員機構

A Member Agency of

The Hong Kong Council of Social Service

此表格於 12/08/2009 更新。(*)為必須填寫資料。

This form was updated on 11/08/2009. You are required to fill in the mandatory fields with star (*).