

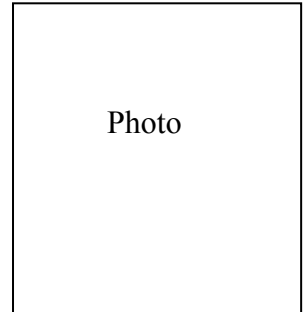


Volunteer Number: \_\_\_\_\_

< **Hong Kong Cancer Fund Volunteer Form** >

I would like to volunteer as :

- Clerical Volunteer     Event Assistant Volunteer  
 Cancer Care Volunteer



I would like to volunteer at :

- CancerLink Support Centre, Central     CancerLink Support Centre, Wong Tai Sin  
 CancerLink Support Centre, Tin Shui Wai     HKCF Head Office, Central

Personal Information :

Name : \_\_\_\_\_ Date of Birth : \_\_\_\_\_ DD \_\_\_\_\_ MM \_\_\_\_\_ YY (must at age 18 or above)  
Gender :  M     F    Telephone : \_\_\_\_\_ (Day) \_\_\_\_\_ (Night)  
Education : \_\_\_\_\_ Occupation : \_\_\_\_\_ Marital Status :  Single     Married  
Self-help group you belong to : \_\_\_\_\_  
Address : \_\_\_\_\_

Status :  Cancer Patient     Family member of cancer patient     Member of the Community  
(Please specify : \_\_\_\_\_ )

**Volunteering Services :**

Are you a current volunteer for any cancer-related organizations?

Name of Organization	Service Hour Per Month	Nature of Volunteering

Days and times you could help :

Day/Time	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Night							

**I want to be a volunteer for Hong Kong Cancer Fund !**

Signature : \_\_\_\_\_ Date : \_\_\_\_\_ *\*All Information will be treated as strictly confidential\**

**For Office User Only:**

Date of Registration : \_\_\_\_\_ Date of Interview : \_\_\_\_\_ Handling Staff : \_\_\_\_\_  
Remarks : \_\_\_\_\_

Fill in the form and fax to 3667 2100 or email to [hkcf@hkcf.org](mailto:hkcf@hkcf.org)