

## <Hong Kong Cancer Fund Volunteer Form >

**I would like to volunteer as :**

- Clerical Volunteer    Event Assistant Volunteer  
 Cancer Care Volunteer

Photo

**I would like to volunteer at :**

CancerLink Support Centre :

- HK Island       Wong Tai Sin       Tin Shui Wai       Kwai Chung  
 Hong Kong Cancer Fund 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 : \_\_\_\_\_

Email Address: \_\_\_\_\_

Status :  Donor    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 can 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 \**

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**For Office Use 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)