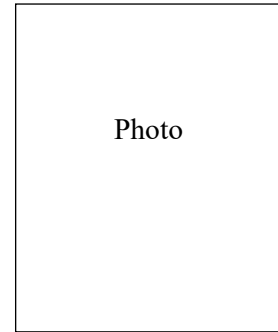




<Hong Kong Cancer Fund Volunteer Form>

I would like to volunteer as :

- Clerical Volunteer Event Assistant Volunteer
 Cancer Care Volunteer



Photo

I would like to volunteer at :

- Support Centre: HK Island Wong Tai Sin 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

Day 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 *

For Office Use Only:

Date of Registration: _____ Date of Interview: _____ Handling Staff: _____

Remarks: _____

Please fill in the form and fax to 3667 2100 or email to hkcf@hkcf.org