

<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 :

- Support Centre: ☐ HK Island ☐ Wong Tai Sin ☐ Kwai Chung
☐ Hong Kong Cancer Fund Head Office, Central

Photo
(optional)

Personal Information :

Name : _____ Date of Birth : ____ DD ____ MM ____ YY (must at age 18 or above)

Gender : ☐ M ☐ F Telephone : _____ (Day) _____ (Night)

Education : _____ Occupation : _____

Self-help group (if applicable) : _____

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 WhatsApp to 3656 0713 or email to hkcf@hkcf.org.

Your personal information will be treated as strictly confidential and used solely for handling your volunteer service application, service allocation, communications, statistical analysis, and other related purposes. You may refer to the [Personal Data Collection Policy](#) on our website for details.