



### College of Nursing, Hong Kong

12/F & 13/F., Hyde Centre, 223 Gloucester Road, Wanchai, Hong Kong  
Tel: 2572 9255 Fax: 2838 6280 Website: www.cnhk.org.hk

Confidential

## Volunteer Application Form (CN30)

This form is used for application for enrolment as a member of volunteers of College of Nursing, Hong Kong (CNHK).

Name: (English) \_\_\_\_\_ (Chinese) \_\_\_\_\_  
*Please write full English and Chinese name in BLOCK Letters as printed on HK ID Card*

Gender:  Female  Male Date of Birth: \_\_\_\_\_ HKID No.: \_\_\_\_\_  
(dd/mm/yyyy)

Tel No.: (Home) \_\_\_\_\_ (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_ Fax number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

(For Emergency)	Contact Person (Next of Kin)
	Name: (English) _____ (Chinese) _____
	Tel No.: (Home) _____ (Mobile) _____ Relationship: _____

Working Status:

- Student School/University : \_\_\_\_\_
- Employed Working Organization: \_\_\_\_\_
- Unemployed :  Retired  Housewife  Other: \_\_\_\_\_

Volunteer Service you are interested in:

- Assist in logistic arrangement of activity  Assist in organizing Community activities
- clerical  Others, please specify: \_\_\_\_\_

Time available:

- Weekdays  Weekend / Holiday  Anytime  To be confirmed

Knowledge and skills:

Please return the application form by email to [info@cnhk.org.hk](mailto:info@cnhk.org.hk) or by mail to CNHK.

#### Personal Information Collection Statement:

No one will be given access to your personal information unless the personnel duly authorized by CNHK. For any amendment to the personal information, please inform CNHK in written.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All applications are subject to the final approval of the College of Nursing, Hong Kong.