



## College of Nursing, Hong Kong

12/F & 13/F., Hyde Centre, 221 Gloucester Road, Wanchai, Hong Kong  
Tel: 2572 9255 Fax: 2838 6280 Website : www.cnhk.org.hk

### Volunteer Enrolment Form CN30

<b>Name:</b>		(in English)	(in Chinese)
<b>Gender:</b> <input type="checkbox"/> Female <input type="checkbox"/> Male		<b>Date of Birth:</b>	<b>HKID No.:</b>
<b>Mobile Phone Number:</b>		<b>Home Phone Number:</b>	
<b>Email Address:</b>		<b>Fax Number:</b>	
<b>Mailing Address:</b>			
<b>Working Status:</b> <input type="checkbox"/> Student (School/University : _____) <input type="checkbox"/> Employed (Working Organization: _____) <input type="checkbox"/> Retired <input type="checkbox"/> Housewife <input type="checkbox"/> Others, please specify: _____			
<b>Volunteer Work Preference:</b> <input type="checkbox"/> Assist in logistic arrangement of activity <input type="checkbox"/> Management of game booth <input type="checkbox"/> Help College administrative work <input type="checkbox"/> Others, please specify: _____			
<b>Volunteer Availability:</b> When is the most convenient time for you to volunteer: <input type="checkbox"/> Weekdays (Preferred working time: From _____ to _____ am/pm) <input type="checkbox"/> Weekends (Preferred working time: From _____ to _____ am/pm) <input type="checkbox"/> Anytime			
<b>Specialty/Interests/Skills:</b>			

Please return the enrolment form by email to [info@cnhk.org.hk](mailto:info@cnhk.org.hk) or by fax to 2838 6280.

#### Personal Information Collection Statement:

All personal particulars submitted will be kept confidential and will only be used for the purpose of the "Volunteer Scheme". For any amendment to the personal information, please inform College of Nursing, Hong Kong in written.

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

Date : \_\_\_\_\_