



Hong Kong Adventist Hospital Foundation
港安醫院慈善基金

40 Stubbs Road, Hong Kong
Tel: 2835 0569 Fax: 3651 8865

VOLUNTEER APPLICATION

Please fill in this form to help us better organize and plan the volunteer program. Thank you.

Name: _____ (Mr/Miss/Ms*)

Education: _____

Skills: _____

Address: _____

Tel. No: _____ (Home) _____ (Mobile)

E-Mail Address: _____

Available Time and Day for Volunteer Work:

Available Day: _____

Available Time: _____

Start Date: _____ End Date: _____

Department Desired:

1st Choice: _____ 2nd Choice: _____

Require Reference Letter: YES/NO* Signature: _____

(* Please delete whichever inappropriate)