

VOLUNTEER INFORMATION

We appreciate your willingness to serve at Hong Kong Adventist Hospital. Please complete this form to help us better organize and plan the volunteer program.

Name: (Mr/Mrs/Ms*) _____

Address: _____

Contact Numbers: (Home)_____ (Mobile) _____

Email: _____

Work/Volunteer Experience: _____

Skills: _____

Education: _____

Work/Volunteer References: _____

Desire to serve in: Customer Service Office Clinical

Other _____

Availability: Days Available: _____

Times Available: _____

Start Date: _____ End Date: _____

Thank you again and we will contact you soon to let you know the arrangements.

Welcome aboard!

(*Please delete whichever inappropriate)