



Official Use

Registration No. : _____

Date : / /

Correctional Services Department

Application for Joining CSD Rehabilitation Volunteer Group

Personal Data

Name : (Chinese) _____ (English) _____ Nationality : _____

I/D No. / Passport No. : _____ () Sex : _____ Date of Birth : _____ (d/m/y)

Status : ☐ Student ☐ Employed ☐ Unemployed ☐ Retired ☐ Others _____

Address : _____

Day-time Contact Tel. No. : _____ Mobile Phone No. : _____

Fax No. : _____ E-mail Address : _____

Education Background : _____

College/University : _____ Course : _____

Occupation : _____ Work Address : _____

Volunteer Training : ☐ No ☐ Yes ☐ Basic Concept Training ☐ Service Skill TrainingVolunteer Experience : ☐ No ☐ Yes ☐ Less than 1 year ☐ 1 year to 3 years ☐ More than 3 years

Volunteer Organization	Year	Service Types
_____	_____	_____
_____	_____	_____

Teaching/Other Working Experience	Year	Job Types
_____	_____	_____
_____	_____	_____

Urgent Contact Person : _____ Relation : _____ Tel. No. : _____

Place for Volunteering (May choose more than one)☐ Any Districts ☐ HK Island ☐ Sai Kung ☐ Tai Lam ☐ Hei Ling Chau ☐ Lantau Island**Knowledge and Skills** (Have a good mastery and can be used in teaching and volunteering)

<u>Sports</u>	<u>Office Applications</u>	<u>Leisure and Cultural</u>	<u>Language</u>
<input type="checkbox"/> Badminton	<input type="checkbox"/> Accounting	<input type="checkbox"/> Drama	<input type="checkbox"/> English
<input type="checkbox"/> Basketball	<input type="checkbox"/> Bookkeeping	<input type="checkbox"/> MC	<input type="checkbox"/> French
<input type="checkbox"/> Table Tennis	<input type="checkbox"/> Typing	<input type="checkbox"/> Calligraphy	<input type="checkbox"/> Mandarin
<input type="checkbox"/> Soccer	<input type="checkbox"/> Input method	<input type="checkbox"/> Painting	<input type="checkbox"/> Japanese
<input type="checkbox"/> Rugby	<input type="checkbox"/> Applications	<input type="checkbox"/> Ceramics	<input type="checkbox"/> Korean
<input type="checkbox"/> Tai Chi	<input type="checkbox"/> Interview Skills	<input type="checkbox"/> Chess	<input type="checkbox"/> Sign Language
<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)	<input type="checkbox"/> Other (specify)

<u>Music</u>		<u>Specialized Skills</u>		<u>Computer software</u>		<u>Other skills (please specify)</u>	
<input type="checkbox"/>	Chinese Musical	<input type="checkbox"/>	Hair Design	<input type="checkbox"/>	Windows		
<input type="checkbox"/>	Western Musical	<input type="checkbox"/>	Plant Gardening	<input type="checkbox"/>	Word		
<input type="checkbox"/>	Guitar	<input type="checkbox"/>	Crafts	<input type="checkbox"/>	Excel		
<input type="checkbox"/>	Electronic Organ	<input type="checkbox"/>	Art and Design	<input type="checkbox"/>	PowerPoint		
<input type="checkbox"/>	Singing	<input type="checkbox"/>	Beauty Makeup	<input type="checkbox"/>	Office		
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other (specify)		

Time Available for Volunteering : (Please ✓)

1. Period (Specify) : From _____ To _____

2.

Time / Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
09:00 – 12:00 hours							
14:00 – 18:00 hours							
16:00 – 19:00 hours							

Applicant Signature : _____ Date : _____

Remarks : (1) The information provided will be used for the processing of the application and other related purposes.

(2) You have the right to request assess to or correction of personal data provided on this form in accordance with the provision of the Personal Data (Privacy) Ordinance. Such requests may be made in writing to the officers designated for handling data assess / correction requests as promulgated in relevant department / internal circulars.

Individual applicant should only submit one application. The personal information obtained will only be used by Correctional Services Department (CSD) for assessing the suitability of individual applicant, supervision and evaluation of the services of rehabilitation volunteer group, research and analysis purpose. The provision of personal information is solely on voluntary base. We will not be able to process your application if the personal data provided is insufficient, in case of a successful application, personal information provided will only be used by appointed CSD staff for liaison and reference purpose.

The completed application form shall be sent to **Flat 16A, Block F, 3 Lok Man Road, Chai Wan, Hong Kong, CSD Rehabilitation Volunteer Group Office** by mail, fax or email: csdrvlg@csd.gov.hk

Fax No.: 2904 5449 / Contact No.: 2505 1492

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Registration Personnel : _____ Date : _____