



Official Use Registration No. : _____ Date : / /
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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 Retired Others _____

Address : _____

Tel No. : _____ (Residential) _____ (Cell Phone)

Fax No. : _____ E-mail : _____

Education Background : _____

Occupation : _____ Work Address : _____

Volunteer Experience : No Yes (Please specify below)

Volunteer Organization	Year	Service Types
_____	_____	_____
_____	_____	_____

Teaching/other working experience	Year	Job Types
_____	_____	_____
_____	_____	_____

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

Place to Volunteer (May choose more than one)

Any Districts 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 technical</u>		<u>Computer software</u>		<u>Operating 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"/>	Organ	<input type="checkbox"/>	Art and Design	<input type="checkbox"/>	Power Point	_____	
<input type="checkbox"/>	Singing	<input type="checkbox"/>	Beauty makeup	<input type="checkbox"/>	Micro Office	_____	
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Other (specify)	_____	

Time Available for Volunteering : (Please ✓)

1. Period (Specify) : _____

2.

Time / Day	Mon	Tue	Wed	Thu	Fri	Sat	Sun
16:00 – 19:00 hours							
14:00 – 17:00 hours							
09:00 – 12:00 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.

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

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

Official Use

Registration Personnel : _____ Date : _____