



APPLICATION FOR ACCA VOLUNTEER
澳華公會義工申請表

Volunteer No. 義工號碼

CONFIDENTIAL 密件

Name 姓名	FAMILY NAME: 姓:	ACCA MEMBER YES <input type="checkbox"/> NO <input type="checkbox"/>							
	GIVEN NAME: 名:	No. (會員號碼)							
Birth Details 出生資料	SEX: MALE 男 <input type="checkbox"/> FEMALE 女 <input type="checkbox"/> SINGLE 單身 <input type="checkbox"/> MARRIED 已婚 <input type="checkbox"/>	Date of Birth 出生日期:	Place of Birth 出生地: Country: Town/City:						
	Residential 住宅		Postal Code 郵號						
Address 地址	Postal 通訊		Postal Code 郵號						
	Day time phone no. 日間電話:		Mobile 手機:						
Contact Details 聯繫細節	Evening phone no. 夜間電話:		Fax 傳真:						
	E-mail 電郵:								
	Qualifications 學歷		Occupation 職業						
Skill / Hobbies 技能 / 興趣			Medicare No. 國民保健卡						
Work Experience 工作經驗			Driver Licence No. 駕駛執照						
Volunteer Work Experience 義工工作經驗	<input type="checkbox"/> No 沒有 <input type="checkbox"/> Yes 有 (Please state 請註明)								
Language Spoken 能講語言	<input type="checkbox"/> Putonghua 普通話 <input type="checkbox"/> Cantonese 廣東話 <input type="checkbox"/> English 英語 <input type="checkbox"/> Others 其他 (Please state 請註明)								
Type of Volunteer Work Perferred 意欲從事之義工服務	<input type="checkbox"/> 櫃面及諮詢服務 Reception & Information <input type="checkbox"/> 探訪服務 Visits <input type="checkbox"/> 送飯服務 Meal delivery <input type="checkbox"/> 文書工作 Clerical duties <input type="checkbox"/> 協助日間護理中心 Day care centre <input type="checkbox"/> 協助推廣活動 Promotion activities <input type="checkbox"/> 其他 (請註明) Others (Please specify) <input type="checkbox"/> 中文學校 ACCA Chinese School								
Available Time for Volunteer Work 可參與工作時間	TIME	WEEK	MON (一)	TUE (二)	WED (三)	THUR (四)	FRI (五)	SAT (六)	SUN (日)
	AM 上午								
	PM 下午								

I declare that 我鄭重聲明:

- I am an Australian Citizen/Permanent Resident 我是澳洲公民/永久居民.
- The information that I have provided in this application is true and correct.
以上資料均屬正確無誤.
- I agree to follow your constitution, rules, regulations and by-laws of the Association.
本人願意遵守會裡一切章程及守則.

APPLICANT (NAME)

申請人:

WITNESS (NAME)

見證人:

SIGNATURE

簽名:

SIGNATURE

簽名:

Date 日期:

DD 日 MM 月 YY 年

Date 日期:

DD 日 MM 月 YY 年

FOR OFFICE USE ONLY

(A) Application received by:

(Name) _____

Signature: _____

Date:

Office: _____

(B) Interviewed on:

Interviewed by:

(Name) _____

Signature: _____

Identification checked:

Yes / No

Result:

Accepted

Not Accepted

State Reasons: _____

(C) Orientation/Training on (Date): _____

(D) Category of volunteer work assigned: _____

(E) Commencement on: _____

(F) Work supervised by: _____

(Staff Name): _____

(Office): _____

(Signature): _____

Date: _____

(G) Endorsed by:

(Name) _____

(Signed) _____

(Dated) _____

Membership and Volunteers Sub-committee ACCA.