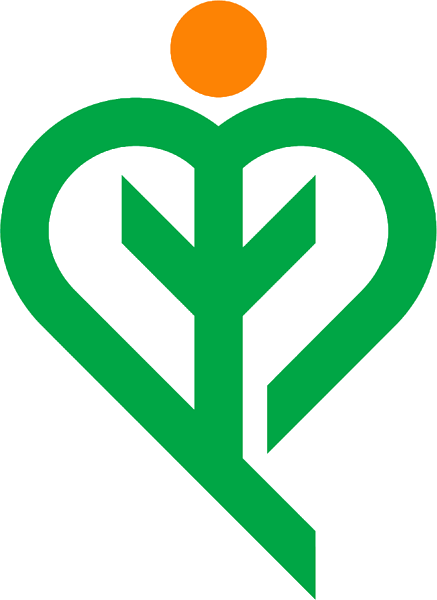
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香港青年協會賽馬會將軍澳青年空間

將軍澳醫院 健康資源中心

主辦︰

**暑期醫院義工體驗計劃 2023申請表**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|  | | | | | | | | **參與組別：** | | |  | | | | | | | | | | | | | | | | |  | | | | | | | 請貼上近照 | | | | | | |
| 1. **個人資料** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名： | (英文) | | | | | | | | | | | | | | |  | | (中文) | | | | | | | | | | | | | | | |  |
| 性別： |  | | | 出生日期： | | | | |  | | | | 年 |  | | | 月 | | | | | | 年齡： | |  | | | | | | | | |  |
| 地址： |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |
| 電郵： |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | ***(必須填寫)*** | | | | |  |
| 電話： | (住宅) | |  | | | | | | | | | (手提) | | |  | | | | | | | | | | | | | | | | (傳真) | |  | | | | | | | | |
| 學校／就讀年級： | | | | |  | | | | | | | | | | | | | | | | |  | | | | | | | | | | (回港日期： | | | | |  | 月 |  | 日 | ) |
| 通曉語言： | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | ) |
| 電腦知識： | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | ) |
| 文字輸入法： | | |  | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | ) |
| 特別技能、興趣及資歷： | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 義工經驗： | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **參與此計劃之原因*(必須填寫)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 為何參與此計劃及你對計劃的期望： | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 從何處得悉此計劃： | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **可出席面試之時段：** | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (可選擇多項) | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 申請人簽署： | | |  | | | | | | | | | | | | | | | |  | | | | | 日期： | |  | | | | | | | | | | | | | | | |
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| **18歲以下人士參與活動同意書** *(未滿18歲之申請者必須得到家長/監護人同意，方可參與此計劃)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人同意本人的兒子／女兒參與將軍澳醫院之義工服務。本人明白醫院乃病人治療及康復的地方，在此環境下  提供義工服務，本人的兒子／女兒有可能要冒受疾病感染的風險。本人亦明白本人的兒子／女兒將會接受感染  控制培訓課程，從中學習防禦知識及防感染技巧，並遵循醫護人員所有有關疾病預防控制的指引，以減低對自  己及其他人的風險。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家長或監護人簽署： | | | | | | |  | | | | | | | | | | | |  | 與申請人關係： | | | | | | | | | |  | | | | | | | | | | | |
| 家長或監護人姓名： | | | | | | |  | | | | | | | | | | | |  | 日　　　　期： | | | | | | | | | |  | | | | | | | | | | | |

*以上所收集的個人資料將妥善處理，並只作主辦單位的義工服務統籌及管理之用。*