CQHK JUN 2012 (R2)



# 義工登記表

### Volunteer Application Form



## 愛心童樂營 義工責任簡介

- 年齡在 21 歳以上
- ◎ 至少能提供 2 位諮詢人
- ◎ 在辦公時間預定日期接受 1 次會面
- ◎ 參加 1 次義工工作坊,並月願意遵守愛心童樂營的規則
- 出席整個營期內的所有活動
- ◎ 獲得指派後便開始與營友接觸
- 在營期內·全時間照顧1位癌病兒童
- ◎ 在宿營期間,必須寄宿於營內
- 在營期間不可吸煙、喝酒和使用違禁藥物
- 在營期間,讓孩童自由參加營內的活動
- 以電郵、郵件、電話或探訪的方式聯絡營友

如果您願意承擔以上的責任,請填妥附頁的登記表格。

#### An overview of the volunteer's role in CAMP QUALITY:

- Minimum age of 21 years
- Able to provide a minimum of two references
- Available for an interview on a prearranged date during office hours
- Willing to attend a training workshop and adhere to the rules governing Camp Quality
- Available for the full period of the camp dates
- Make contact with the camper as soon as an assignment is made
- Give round the clock care of a child with cancer while at camp
- Share dormitory accommodation at camp
- Must not use tobacco, alcohol, or illegal drugs while at camp
- Allow child to choose freely the programme activities at camp
- Maintain contact with the camper throughout the year through mail, phone or visits

If you are willing to fulfill this role, complete this form.

www.campquality.org.hk

Camp Quality Hong Kong Suite 602-3, Chinachem Leighton Plaza, 29 Leighton Road, Causeway Bay, HK Tel: 852 2838 4959 Fax: 852 2893 7260

受心童樂學

香港銅鑼灣禮頓道 29 號 華懋禮頓廣場 602-3 室

電話: 852 2838 4959 傳真: 852 2893 7260

CQHK JUN 2012 (R2) Your Personal Details 你的個人資料 Full Name : \_\_\_\_\_ English Name : \_\_\_\_ \_\_\_\_\_ SEX 性別: F女 □ M男 □ 中文姓名:\_\_\_\_ Attach vour HKID (香港身份證號碼): \_\_\_\_\_ current passport photograph Date of Birth 出生日期: (D日) (M月) (Y年) here Address in Full 詳細地址: 請在此 [ Fill in by English or Chinese 可以中文或英文填寫 ] 貼上折照 Hong Kong □ Kowloon □ N.T. □ Additional information 其他資料: Contact numbers 聯絡電話: Mobile 手提 : **電郵**: E-mail Employer 僱主: Home 住宅 : Work 工作 : Occupation 職業 : \_\_\_\_\_ 傳真 : Will you be 21 years of age prior to the start of camp? 你是否已年滿 21 歲? No 否 □ Yes 是 □ Do you have any prior convictions for sexual offences or offences involving children, or any other convictions, apart from minor traffic convictions? 你過去有否因為犯上性罪行或與兒童有關的案件,或其它罪行(除了輕微交通事故)而被定罪? Yes 有 □ No 沒有 □ Your approval for a "Certificate of No Criminal Conviction" may be requested. 我們可能會要求查核警務處發出的[無犯罪紀錄証明書]。 Clubs or Organisations you belong to 所屬團體或組織: Name 名稱(i.e. Rotary) Location 區分(i.e. North Kowloon) ALL NEW VOLUNTEERS 所有新義工必須填寫 How did you hear of Camp Quality? Please name two persons, (not related to you) who 你從什麼途徑得知愛心童樂營? would give references for you. Friend/TV Media/Newspaper/Magazine/Website 請提供 2 位諮詢人(非親屬)的名字。 朋友/電視媒體/報紙/雜誌/網站 Other 其他: 姓名: \_\_\_\_\_ 1. Name Do you have any special skills that you would be Relationship 關係: \_\_\_\_\_ willing to offer Camp Quality? (e.g. Craft, Chef) 閣下有否可貢獻愛心童樂營的特別技能? Phone 電話: (如:手工藝, 廚藝) 姓名: \_\_\_\_\_\_ 2. Name Relationship 關係: \_\_\_\_\_ Do you know anyone presently involved with Camp Phone 電話: \_\_\_\_\_\_ Quality who would give a reference for you? 你是否認識任何與愛心童樂營有關人什可擔任諮詢嗎?

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**多心**童樂登

香港銅鑼灣禮頓道 29 號 華懋禮頓廣場 602-3 室 電話: 852 2838 4959 傳真: 852 2893 7260 CQHK JUN 2012 (R2)

#### Your Medical Details: 閣下的病歷資料: READ CAREFULLY Do you have any health or medical problems? 請詳細閱讀 (If Yes, please write details on a separate sheet) 你有沒有病歷或藥物上的問題? Yes 有 □ No 沒有 □ For the safety of children, all medication for all (如有,請以附頁說明詳情) companions attending camp must be kept in a safe Are you currently taking any medications/treatments? place and administer properly. If your health status (If Yes, please write details on a separate sheet) changes in any way prior to camp, you must inform 你最近有沒有接受過任何治療? Yes 有 □ Camp Quality (i.e. Any injuries, need for No 沒有 □ (如有,請以附頁說明詳情) medication, etc.) Your Doctor 你的醫生姓名: 為了確保孩童的安全,閣下入營的所有藥物必須 Phone 電話: 小心處理。若閣下的健康狀況在入營前有所改變 In case of EMERGENCY contact: (例如:受傷或需要接受治療), 閣下必須知會愛 如有緊急事故,應聯絡: 心童樂營。 Home Phone 住宅電話: Work Phone 工作電話: 關係: Relationship THE FOLLOWING IS OF UTMOST IMPORTANCE READ CAREFULLY AND INITIAL EACH ONE 以下條文十分重要,須要你詳細閱讀,並在每一條下面作簡單簽署。 THE FOLLOWING STATEMENTS WILL BE DISCUSSED WITH YOU AT THE INTERVIEW AND AGAIN AT THE TRAINING WORKSHOP: 以下條文將會在會面時,和在工作坊中再次與你商討: 1. I understand that I am required for the full period of the camp activity: 我知道須要參加整個營期的活動: 2. I understand that I may not discuss alternative medicine or health food diets with any child at camp: 我知道不應與營中的任何孩童,討論服用藥物和飲食健康的不同見解: 3. I will not bring tobacco (in any form), alcohol or illegal drugs to camp: 我不會攜帶香煙(任何形式)、酒精和違禁藥品入營: 4. I understand that no religious denomination may be promoted at camp: 我知道不可在營內宣傳任何宗教: 5. All medicines for campers including headache tablets etc. MUST be administered by the Medical Team only and the removal of splinters, etc. will be left to them: 營友的所有用藥和治療,即使簡單如服頭痛片、貼膠布、拔刺,都必須由醫療小組處理: 6. I understand that specific personnel will be assigned to care for ANY media coverage, and I will not

Please continue to the next page 下頁續

contact the media, NOR release any names, photographs or articles without first securing the written

我知道有專人負責傳媒的採訪,我不會去接觸傳媒;在未得到營務統籌主任書面同意之前,我不

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permission of the Camp Coordinator:

會向傳媒發放任何名字、照片或文章:

愛心童樂營

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	ALWAYS comes first. If I am assignance as instructed, I will be aske	gned as a companion, I fully understanded to leave the camp:	d
· · · · · · · · · · · · · · · · · · ·	•	知道如果未能遵照指示照顧營友,我	<del>\</del>
將會被要求離營:	XII.0 [LIII H. H. II.] " , 1/1/1/2		<del></del>
of decency and moral cond Quality activity: 愛心童樂營的宗旨,義工	uct, I will refrain from using langua 在品格和道德上,應作為少年人	arers should be appropriate examples age which is offensive while at any <b>Car</b> 的榜樣,因此我不會在 <b>愛心童樂營</b> 的	
活動中,說出不得體的言	語:		
9. Any personal equipment I 照料攜往營中的私人物品	bring to camp is entirely my respon 全是我自己的責任:	nsibility:	
10. I must attend a mandatory will NOT be assign a place		RKSHOP. Failure to do so will mean th	at I
我知道必須參加一個營伴	訓練工作坊,否則便不能參加任	何活動:	
my personal pro for any injury, il <b>Quality</b> from all	perty. I will not make any claim on Il health, loss or damage to my pers I obligations arising in law from suc	responsibility for my own safety and he a <b>Camp Quality</b> or any of its staff or of sonal property and I agree to release <b>Ca</b> ch loss or damage." 健康和個人財物上的責任。本人也不	ficers <b>mp</b>
		<sup>展尿和個人別初工</sup> 的負任。本人也 關於損傷、疾病、以及財物遺失或毀	
Signature 簽	<b>署</b> :	Date 日期:	
Please add here any other deta 請在下面空位,填寫其它對我們有	ills which may assist us in placing you. 写用的資料。		
· · · · · · · · · · · · · · · · · · ·	l all questions and initialed each stater 問和承諾,請將此表格寄回或傳真:	ment, send this form to:	
Camp Que	ality Hong Kong	愛心童樂營	
Suite 602	2-3, Chinachem Leighton Plaza,	香港銅鑼灣禮頓道 29 號	
29 Leight	on Road, Causeway Bay, HK	華懋禮頓廣場 602-3 室	
	Fax 傳真: 85 <i>i</i> <i>E-mail 電子郵件:cqhk</i>		

THANK YOU FOR YOUR INTEREST IN CAMP QUALITY

謝謝您支持**愛心童樂營** 

