

## 義工報名表 Volunteer Application form

姓名Name: \_\_\_\_\_ (中文Chinese) \_\_\_\_\_ (英文English)

性別Sex:  男M  女F 年齡Age: 15-24 25-34 35-44 45-54 >54

語言Language: \_\_\_\_\_ 職業Occupation: \_\_\_\_\_

教育程度Education:  小學Primary  中學Secondary  大專或大學College or University

聯絡電話 Phone: \_\_\_\_\_ (手機 Mobile) \_\_\_\_\_ (家居Home)

通訊地址 Address: \_\_\_\_\_

電郵地址Email-Address: \_\_\_\_\_

你從哪裡得知愛培自閉症基金義工計劃的資料? Where did you learn about APF volunteer programs?

- 同事/親友 Colleagues/Friends/Relatives  學校 School  
 廣告/報刊 Advertising  公開場合 Public  
 網站 Websites  轉介人 Referrer: \_\_\_\_\_  
 其他 Others: \_\_\_\_\_

有興趣參與的義務工作範疇(可選多項): Please check the area(s) of volunteering work that interest you.

- 籌款活動 Fundraising event  攝影/短片製作 Video taking/editing  
 文書處理 Administrative office and clerical work  繪圖/網頁設計 Graphic/web design  
 協辦活動 Event organizing  市場推廣 Marketing  
 寫作/翻譯 Copy writing/translating  兒童照顧 Child care

可參與義務工作的日子及時間(可選多項) Please check the available timeslot(s) for voluntary works:

- 星期一至五辦公時間 Office hours on Monday to Friday  
 星期一至五黃昏時間 Evenings on Monday to Friday  
 星期六上午 / 下午 AM/PM on Saturdays  
 星期日上午 / 下午 AM/PM on Sundays  
 公眾假期 Public holidays

義工經驗 Volunteer Experience:

年份Year	機構名稱Organization Name	工作Job descriptions

義工訓練 Volunteer's Training:

年份Year	機構名稱Organization Name	訓練類別Types of Training

**收集個人資料聲明 Data collection declaration**

愛培自閉症基金會透過閣下提供的聯絡方式，向閣下發出證書、收據、進行調查、以及提供資訊及資料，讓閣下知悉本機構的事務、活動及訊息。除獲本會授權的人員外，本會將不會提供閣下的個人資料予其他人士。  
Autism Partnership Foundation may use your contact information to issue a certificate, receipt, conduct a survey and provide you with communications and fundraising materials. All personal data will be kept confidential and handled by internal staffs only.

備註Remarks: 活動期間所拍攝的照片及攝錄的影片可能會用作本機構宣傳及出版等用途。Photos and videos taken during the activities may be used for publicity and publication purposes.

我同意愛培自閉症基金使用上述資料安排義務工作及義工訓練。

I give rights to APF to use the above data for arrangement of volunteer service and training.

申請人簽署Signature of Applicant: \_\_\_\_\_ 日期Date: \_\_\_\_\_

填妥表格請寄回: 香港九龍觀塘鴻圖道22號俊匯中心21樓或電郵至: [info@apf.org.hk](mailto:info@apf.org.hk)

**Please complete the form and mail to: 21/F, Elite Centre, 22 Hung To Road, Kwun Tong, Kowloon, Hong Kong or E-Mail to: [info@apf.org.hk](mailto:info@apf.org.hk)**

**本會專用 Office Use Only**

評語Comments: \_\_\_\_\_

職員姓名Staff Name: \_\_\_\_\_ 職位Staff Position: \_\_\_\_\_

職員簽署Staff Signature: \_\_\_\_\_ 日期Date: \_\_\_\_\_