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Flat 1701, 17/F Sino Favour Centre, 1 On Yip Street, Chai Wan, HK



## Volunteer Application Form 義工申請表格

Please complete the form below to get started.

請填寫以下申請表格。

### A. PERSONAL PARTICULARS 個人資料 (Mandatory Field 必須填寫)

Are you a holder of Hong Kong Identity Card?\*

YES 是  NO 否

你是否擁有香港身份證?\*

*You must have a Hong Kong Identity Card to become a volunteer.*

*所有義工須持有香港身分證。*

English Name\*:

英文姓名\*:

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Chinese Name:

中文姓名:

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Gender\*:

性別\*:

FEMALE 女/ MALE 男

Date of Birth\*:

出生日期\*:

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Email Address\*:

電郵\*:

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Contact Number\*:

聯絡電話\*:

Living District\*:

居住地區\*:

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Emergency Contact\*:

緊急聯絡人\*:

Contact Number\*:

聯絡電話\*:

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Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies etc.)?\*

YES 是  NO 否

請問你有否一些心理障礙或身體殘疾以致未能參與某些工作（例如：心臟毛病、脊骨損傷、癲癇症、敏感等等）?\*

If yes, please list out:

如有，請詳細列明:

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## B. PERSONAL SKILLS 個人技能 (Mandatory Field 必須填寫)

Language\*:  
語言\*:  Cantonese 廣東話  English 英文  Mandarin 普通話

Skills\*:  
技能\*:

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## C. VOLUNTEER SERVICES 義工服務 (Mandatory Field 必須填寫)

Why do you want to be a Volunteer in our Clinic?\*

為什麼閣下想於我們的診所參加義工服務?\*

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What kind of volunteer services are you interested in?\*

閣下對那些義務工作範疇感興趣?\*

Animal Related Duties 與動物有關的工作  Administrative Support 文職工作

Copywriting/ Translation Support 文案/翻譯工作  Photography 攝影

Days you prefer to join our volunteer services:\*

閣下能參與義工服務的時間:\*

Weekdays 平日  Weekends 週末

- This is to declare that I understand the information provided will only be used internally only within the Clinic and will not be disclosed to any third party.

我已理解以上的個人資料僅在診所內部使用，並不會透露給任何第三方。

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Signature of Applicant  
申請人簽名

Print Name  
姓名

Date  
日期