

VOLUNTEER APPLICATION FORM
志願者參與申請表格

Name 姓名 (In English 英文)	(In Chinese 中文)	Year of Birth 出生年份 (yy 年)	Gender 性別
Address 地址			
Contact Information 聯絡資料			
Address 住址			
Contact Tel. No. 聯絡電話號碼	Referral 介紹人		
Email Address 電郵地址			
Type of Volunteer 志願者類型			
Medical Volunteer 醫療志願者 <input type="checkbox"/>		Non-Medical Volunteers 非醫療志願者 <input type="checkbox"/>	
Medical Expertise <input type="checkbox"/> Plastic Surgeon 外科整形醫生 <input type="checkbox"/> Anesthesia 麻醉師 <input type="checkbox"/> Clinical Coordinator 護士長, 臨床協調員 <input type="checkbox"/> Pediatrician Intensivist 兒科監護醫師 <input type="checkbox"/> Orthodontist / Dentist 口腔正畸醫師 <input type="checkbox"/> Speech Therapist 語言治療師 <input type="checkbox"/> Others 其他 _____ <i>CV and Medical certificates should be submitted separately for credential purpose. 需另行提供個人簡歷及醫療證書以供審核之用</i>		Personal Expertise 個人專長 Eg) Photography, Childcare etc 如拍攝, 育兒等 Education level 教育程度 Primary or below / Secondary Education/ Post-Secondary / University or above 小學或以下 / 中學 / 專上教育 / 大學或以上學歷	
Serving Organization 正在服務機構		School 正在就讀學校 or 或 Serving Organization 正在服務機構	
Volunteer Experience 志願者經驗 (month 月)		Volunteer Experience 志願者經驗 (month 月)	
Time Availability 可參與日期 (mm/yy 月/年)		Time Availability 可參與日期 (mm/yy 月/年)	

Remarks 備註

Applicants who are under the age of 18 are required to obtain parent's or guardian's consent.
申請人年齡不足 18 歲需事先得到家長或監護人同意。

All Non-medical volunteers should bear the mission trip cost.
非醫療志願者需自行負擔一切旅程開支。

The availability of volunteer opportunities will be subject to the actual needs and suitability of applicants.
因應本機構運作情況而分配志願者工作機會。

Beam International Foundation Limited reserves the final decision for the result of application.
本機構保留志願服務申請之最終決定權。

Personal Information Collection Statement 個人資料收集聲明

Your personal data treated as strictly confidential, CLPF will never disclose or sell your personal data to any third parties. It will be used for volunteer services and related purposes, communication, fundraising, receipt issuance and providing event information. CLPF will not use your personal data for fundraising and providing event information purposes unless you give your consent. If you do not agree to the use of your personal data for the above purposes, please indicate by putting a tick in the box below. You have the right to access, correct and request CLPF to stop using your personal data for the above purposes at any time by calling 3115 0175 Admin Department during office hours. Please contact CLPF for any query. 您的個人資料絕對保密。本會絕不會將閣下之個人資料出售或透露予第三者。個人資料只限用作志願服務申請及相關用途, 通訊, 籌款, 寄送收據及提供活動資訊之用。未經您的同意, 本會不會將您的個人資料用於籌款及提供活動資訊用途。如您不同意, 請在以下空格內加上✓號。您有權隨時向本會查詢、修改或要求停止使用您的個人資料作上述推廣用途, 請於辦公時間致電 3115 0175 行政部。若有任何疑問, 可向本會聯絡。

本人不同意唇顎裂基金使用我的個人資料作上述推廣用途。I object to the use of my personal data by CLPF for the above promotional purposes.