

Confidential



According to the Guidelines for Volunteer Service of Hospital Authority dated 30 Sept 2003, this form is applicable to volunteers who provide one-off service.

Hospital Authority Volunteer Registration Form 2
Individual / Organization (One-off Service)
(The Cheshire Home, Chung Hom Kok)

Welcome and thank you for volunteering your services to the Hospital Authority. As the major provider of medical services in Hong Kong, the primary responsibility of the Hospital Authority is to ensure that the health and safety of patients, visitors, medical staff and volunteers are protected, while volunteers provide services at the hospitals. If under certain conditions, an applicant may endanger the safety of staff, patients, visitors or volunteers, the Hospital Authority may not be able to permit this applicant to become or continue to be a volunteer of this Authority.

Therefore, the Hospital Authority stipulates that

- All volunteers must register with the Hospital Authority or its subsidiary public hospital before taking part in volunteer activities. The Hospital Authority and its subsidiary public hospitals and institutions will process all data registered in accordance with the “Personal Data (Privacy) Ordinance”.
- All registered volunteers must follow the guidelines for volunteer services, issued by the Hospital Authority.

To safeguard the health of all visitors and patients, staff and volunteers, all HA hospitals shall gather the following information for prevention and contact tracing of infectious diseases.

Volunteers who have symptoms of fever, cough or diarrhoea should not come for any service

Section A (Personal Particulars)		
Name in English :		Name in Chinese (if any) :
Date of Birth (DD/MM/YY) :		Gender : <input type="checkbox"/> Male <input type="checkbox"/> Female
Type of identification document : <input type="checkbox"/> HKID <input type="checkbox"/> others(pl specify)_____ Its No. : _____		
Occupation : <input type="checkbox"/> Housewife <input type="checkbox"/> Retired <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Student		
Education Level : <input type="checkbox"/> Illiterate <input type="checkbox"/> Primary <input type="checkbox"/> Secondary <input type="checkbox"/> Tertiary <input type="checkbox"/> University		
Affiliated institution / group (if applicable) :		
Correspondence address :		
Telephone (Home) :	Telephone (Office) :	Mobile phone / Pager :
Contact person in case of emergency :		Relationship with volunteer :
Telephone (Home) :	Telephone (Office) :	Mobile phone / Pager :
Section B (Health Declaration & Travel History)		
1. Fever ($\geq 37.5^{\circ}\text{C}$)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
2. Cough	<input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Diarrhoea	<input type="checkbox"/> YES <input type="checkbox"/> NO	
4. (For Female only) Are you pregnant?	<input type="checkbox"/> YES, _____week Pregnant <input type="checkbox"/> NO	
5. Others medical record (if applicable): _____		
6. Travel history: <input type="checkbox"/> YES (Place: _____ Date: _____) <input type="checkbox"/> NO		

Section C (Confidentiality and Participation Agreement)

Upon signing this agreement, I agree

1. To respect the privacy of patients and staff. Apart from issues, which are appropriate for discussion during meetings with hospital staff, I will not mention any information, which I hear, see, or read in the hospital or obtain through other channels, in private gathering.
2. That the hospital is a place where patients receive treatment and recover. Providing volunteer services in such an environment bears the risk of being infected by disease. I also understand that I will attend an infection-control training program, from which I will acquire knowledge and skills of infection prevention. I will also follow all guidelines in respect to disease prevention measures provided by the medical staff, in order to protect my health and that of others.
3. To provide service to the institution without any guarantee of receiving compensation or employment in the future.
4. To report to the relevant party, any accidents or injuries which involve myself when providing volunteer service.
5. To dress properly and wear the volunteer identity card issued by the hospital, when providing volunteer service.
6. To stop participating in any on-going or up-coming volunteer activities if I do not feel well or have a fever.

I also agree that during the course of providing volunteer service, I will not be involved in any commercial activities.

I understand that the Hospital Authority or the subsidiary institutions of the Hospital Authority reserve the right to terminate my registration as a volunteer, under the following circumstances: (a) I cannot abide by the policies, regulations or ordinances of the Hospital Authority, or (b) I fail to show up without prior notice, or (c) my working attitude and performance are unsatisfactory, or (d) under any conditions, the hospital considers that my volunteer work is not beneficial to the hospital.

I have read and agreed with all the Terms and Conditions above.

I hereby confirm that all the data provided above is correct.

Signature of applicant: _____ Date: _____

Participation Agreement for Applicants Under 18 Years Old

I agree to allow my son / daughter to participate in volunteer service at your hospital. I understand that the hospital is a place where patients receive treatment and recover. My son / daughter, by providing volunteer service in such an environment, bears the risk of being infected by disease. I also understand that my son / daughter will attend an infection control training program, from which he /she will acquire knowledge and skills of infection prevention. He / she will also follow all guidelines with respect to disease prevention measures provided by the medical staff, in order to lower the risk to himself / herself and others.

Name of parents / guardian : _____ Relationship with volunteer : _____

Signature of parents / guardian : _____ Date : _____

Name of Service/ Service Nature: _____ Date of Service: _____

Arrival Time: _____ Departure Time: _____ Signature of Responsible Staff : _____