



## Group Volunteer Service

**Objective:** To provide volunteer services for in-patients for showing warmth and concern from the community.

**Service Target:** In-patients of PYNEH

**Service Nature:**

- Caring Visit
- Social & Recreational Program (e.g. birthday party, festival program)
- Interest Group (e.g. cooking workshop, Tai-Chi, gardening)

**Service Hour:** Arranged on need basis (Saturday or Sunday mainly)

**Procedure:**

1. Application
2. Interview (initial contact to the volunteer group, service enquiry, referral to the training)
3. Training (including infection control, servicing skill to specific target group)
4. Registration
5. Service (proposal → approval → implementation → evaluation)

**Selection criteria:**

1. Group volunteer only, age of volunteer should be 15 or above
2. Stable participation is preferable

**Opening Hours of the Nethersole Patient Resource Centre:**

Monday to Friday: 9:00 a.m. to 1:00 p.m.

2:00 p.m. to 5:15 p.m.

Saturday: 9:00 a.m. to 1:00 p.m.

(Closed on Sunday & Public Holiday)

**Address:** 1/F, Main Block, 3 Lok Man Road,  
Chai Wan, Hong Kong

**Tel:** 2595 6342

**Fax:** 2595 6085



## Group Volunteer Application Form

(Welcome to join our service for those aged over 15)

Application → Interview → Training → Registration → Service

*The information provided will only be used for this application and will be processed in accordance with the Personal Data (Privacy) Ordinance.*

Name of Organisation: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Position: \_\_\_\_\_

Contact Tel No: (Office) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Service Nature:  Ward Visit                       Social and Recreational Activity  
 Interest Group                       Others (pls specify : \_\_\_\_\_)

Frequency: \_\_\_\_\_

Date / Period of Service: \_\_\_\_\_

Service Target:  Psychiatry       Geriatric                       Paediatric  
 Oncology       Others (pls specify : \_\_\_\_\_)

No of Volunteers: \_\_\_\_\_ Age: from \_\_\_\_\_ to \_\_\_\_\_

Any experience in volunteer work:

Yes (pls specify : \_\_\_\_\_)  
 No

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return the completed form to the Nethersole Community & Patient Resource Centre  
(1/F, Main Block, Pamela Youde Nethersole Eastern Hospital) or by fax to 2595 6085

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### For Office Use

Contact Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Result:  Accept (Service Arrangement: \_\_\_\_\_)

Not Accept (Reasons: \_\_\_\_\_)

Remarks: \_\_\_\_\_