

Ruttonjee and Tang Shiu Kin Hospitals
Health Resource Centre
Volunteer Service Profile

For the one who aged above 15 and want to be our volunteer, please fill in the “Volunteer Application Form” and send back to Health Resource Centre for application.

Category		Content	Timeslot*
Care Service	Visitation	Provide caring and emotional support to patient	On need basis
	Program Support	Assist in preparation for patient and volunteer program	
	Service Support	Provide escort, shopping & haircut service to patient	
		Assist in patient service in departments	
	SOPD Ambassador	Assist in patient' s blood Pressure checking	Mon - Fri 9:30am-12:30pm 2:30pm-4:30pm
		Assist patient to use Drug Payment Kiosk	
Handle enquiry and provide health information and community resource to patient			
Rehab Shop Ambassador	Assist in selling rehabilitation product	Mon - Fri 9:30am-12:30pm 2:30pm-5:30pm	
Pharmacy Ambassador	Assist in issuing ticket to patient for medicine collection	Mon - Fri 9:00am-12:00nn 2:00pm-5:00pm	
Support Service	Drug Packing	Assist in drug packing and stock taking	Mon - Fri 9:30am-12:30pm 2:00pm-5:00pm
	Clerical Work	Assist in clerical work for departments	On need basis
	Cloth Repair	Assist in checking and repairing hospital clothes	Mon - Fri 9:30am-12:30pm

*The service timeslot will be amended base on service need.

Contact Us

Address: Block C, 5/F, Main Block, Ruttonjee Hospital, 266 Queen' s Road East, Wan Chai, Hong Kong

Tel. No.: 2291 2511

Fax. No.: 2291 1047

Email: rtskh_hrc@ha.org.hk

Website: <http://www.healthyhkec.org/volunteer/rhtsk/>

Opening Hours: Monday to Friday 9:00am-1:00pm, 2:00pm-5:00pm
Saturday, Sunday and Public Holiday Closed

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Health Resource Centre

Volunteer Application Form

Application → Interview → Registration → Training → Service

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

Name (CHinese): _____ Name (English): _____
Sex: _____ Date of Birth: _____
Tel. No. (Mobile): _____ Tel. No. (Home): _____
Fax. No.: _____ Email: _____
Education Level: _____ Occupation: _____

1) Do you have volunteer experience?
[] Yes (Please identify: _____) [] No

2) Have you attend volunteer training?
[] Yes (Please identify: _____) [] No

3) Preference (You may tick more than one. Please see Volunteer Service Profile for details):
Care Service : [] Visitation [] Program Support
[] Service Support [] SOPD Ambassador
[] Rehab Shop Ambassador [] Pharmacy Ambassador
Support Service : [] Drug packing [] Clerical Work [] Cloth Repair

4) Personal skills (You may tick more than one):
[] Computer Operation [] Chinese Typing [] Haircut [] Photo Taking
[] Foreign language / Dialect (Please specify: _____)
[] Others (Please specify: _____)

5) Please tick your available timeslot:

Table with 7 columns (Monday to Saturday) and 3 rows (a.m., p.m., empty).

Signature of Applicant: _____ Date: _____

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Staff Use Only

Received Date: _____ Received by: [] Mail [] Email [] Fax [] By person

Contact Date: _____ Contact Staff: _____

Interview Result: [] Arranged Interview (Date and time: _____)
[] Rejected interview (Please specify reason: _____)