



寶林學佛會

Ref. No. _____

Volunteer Application Form
義工登記表

Last Name 姓: _____ First Name & Initial 名: _____

Sex 性別: Male 男 Female 女 Date of Birth 出生日期: _____

Address 住址: _____

City: _____ Province: _____ Postal Code: _____

SIN / Driver's Licence No. 工咭號碼 / 駕駛執照號碼: _____

Telephone 電話 Day: _____ Evening: _____

Cellular Phone 手機: _____ Fax 傳真: _____

Email 電郵地址: _____

Language 語言: (English 英) __ (Cantonese 粵) __ (Mandarin 國) __ (Other 其他) _____

My specialties are 我的專長:

Contact person in case of Emergency 緊急聯絡人: Name 姓名 _____

Relationship 關係 _____ Phone 電話 # _____

Applicant's Signature 申請人簽名: _____

Date 日期: _____

Note:

1. Official registration as a Volunteer is important for recognition and entitlement for coverage within the meanings of the insurance policy with Ecclesiastical while performing duties directed and determined by Po Lam. Please consult administration for details of coverage.

此登記確認閣下之義工身份及確保閣下在執行由寶林指派的義務時能得到合附 Ecclesiastical 保單條款給予的保障。有關保險項目請向行政部查詢。

2. If you wish to join CCH to visit patients, you will need to complete another application form and apply for Criminal Record Clearance Certificate.

如有興趣參與華康的探訪工作,義工需要填寫華康的申請表及申請無犯罪紀錄證明書。

Po Lam Buddhist Association

