



**New Life**

Psychiatric Rehabilitation Association

新生精神康復會

**Volunteer Application Form (Head Office)**

\*Name : (Chinese) \_\_\_\_\_ (English) \_\_\_\_\_

\*Sex : \_\_\_\_\_

\*Age : ☐ below 15 ☐ 16-25 ☐ 26-35 ☐ 36-45 ☐ 46-55 ☐ 56 or above

\*Contact number : \_\_\_\_\_ \*Email address : \_\_\_\_\_

Address : \_\_\_\_\_

Occupation : \_\_\_\_\_

\*Education : ☐ Primary ☐ Secondary ☐ Tertiary or above

Volunteer Experience / Abilities and Strengths: \_\_\_\_\_

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**Volunteer Opportunities (please check your area(s) of interests)\***

☐ **Inclusive Activities** : To help service targets integrate into community through inclusive cultural/leisure/social activities

☐ **To be instructor of skills training or art courses** : To help or instruct in workshops/classes for service users

☐ **Promotion and Publicity** : To help promote mental health messages in the community and reduce the social stigma towards people with mental illness

☐ **Visit** : Paying regular visits to service targets to give them support and encouragement on their road to recovery

☐ **Fund Raising** : To join in our fund raising activities so that we can develop and deliver better services

\* Required fields

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☐ I agree the Association to use my personal data for promotion of services, events, fund-raising, volunteer recruitment, training courses, products and opinion collection, etc.

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

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