



New Life

Psychiatric Rehabilitation Association

新生精神康復會

Volunteer Application Form (Head Office)

***Name :** _____ **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: _____

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

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* Required fields

☐ 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 : _____