



「粉紅天使」義工申請表

Pink Angel Application Form

義工編號 Volunteer number: _____ (職員填寫 For Internal)

全球華人乳癌組織聯盟（華人乳癌聯盟）是一個致力於支援乳癌患者、推廣乳健教育、防範乳癌的非牟利慈善團體。歡迎您加入成為我們的「粉紅天使」義工，請填寫下列表格，完成登記後我們會有專人與您聯絡。如有任何問題，可致電 3618 8330 查詢。

The Global Chinese Breast Cancer Organizations Alliance (GCBC) was set up as a non-profit charitable organization dedicated to support breast cancer patients on their road to recovery, to educate and promote methods for breast cancer prevention. Welcome to join us as a member of Pink Angel, please fill in the application form below, we will contact you after the registration is confirmed. If you have any queries, please call 3618 8330 directly.

Please tick the appropriate boxes 請在適用空格填上「✓」

*可選擇填寫 Optional

姓名 Name	(中文 Chinese)		(英文 English)	
性別 Sex	<input type="checkbox"/> 男 Male	<input type="checkbox"/> 女 Female		
稱謂 Salutation	<input type="checkbox"/> 先生 Mr.	<input type="checkbox"/> 小姐 Miss	<input type="checkbox"/> 女士 Ms.	<input type="checkbox"/> 太太 Mrs.
婚姻狀況 Marital Status	<input type="checkbox"/> 未婚 Single	<input type="checkbox"/> 已婚 Married	<input type="checkbox"/> 鰥寡 Widowed	<input type="checkbox"/> 其他 Others
出生日期 Day of Birth	(日 Day/月 Month/年 Year)		身份證號碼 ID Card No.	(前 4 個數字 First 4 digits)
學歷 Education			職業 Occupation	
電話 Mobile No.			電郵 Email Address *	
個人專長 Summary of Skills			兒女數量 No. of Children*	(12 歲或以下 12 years old or below)
聯絡地址 Address				



<p>您是 You are a</p>	
<p><input type="checkbox"/> 乳癌病友，如是 Breast cancer patient, if yes*</p> <p>期數 Stage : _____ 化療次數 Number of Chemotherapy Treatment : _____</p> <p>醫院 Hospital : _____</p>	
<p><input type="checkbox"/> 乳癌康復者 Breast cancer survivor</p>	<p><input type="checkbox"/> 癌症康復者的家人或朋友 Family member or friend of cancer survivors</p>
<p><input type="checkbox"/> 專業人士 / 醫護人員 Professional</p>	<p><input type="checkbox"/> 其他 Others : _____</p>
<p> </p>	

<p>本人願意加入「全球華人乳癌組織聯盟」，成為「粉紅天使」義工</p> <p>I would like to become a Pink Angel of the Global Chinese Breast Cancer Organizations Alliance.</p>		
<p>1. 本人願意參與以下義務工作 I want to participate in the following volunteer work:</p>		
<p><input type="checkbox"/> 病友探訪 Patients' visit</p>	<p><input type="checkbox"/> 乳房健康教育活動 Breast health education</p>	<p><input type="checkbox"/> 籌款活動 Fundraising</p>
<p><input type="checkbox"/> 撰稿 Article writing</p>	<p><input type="checkbox"/> 翻譯 Translation</p>	<p> </p>
<p><input type="checkbox"/> 行政工作 (資料輸入、網站處理、編輯、翻譯、校對及設計等) Administrative support</p>		
<p><input type="checkbox"/> 其他 Others : _____</p>		
<p>2. <input type="checkbox"/> 本人曾經做過義工(請註明時段、機構名稱、服務對象) I have been a volunteer before (Please state the period, name of organization and the type of recipients): _____</p>		
<p> </p>		



3. 本人已閱讀及理解 GCBC 的宗旨和使命，並願意遵守義工行為守則。 I have read and understood the mission of the GCBC and agreed to follow the guidelines.

如願意成為「粉紅之友」會員，請在下列空格填上「✓」。 If yes, please tick the appropriate box.*

本人同時願意成為「全球華人乳癌組織聯盟」「粉紅之友」會員。 I would also like to become a member of Pink Fellowship of the Global Chinese Breast Cancer Organizations Alliance.

日期 Date		機構簽署及蓋印	
簽名 Signature		Authorized Signature and Chop	

請將填妥表格寄/交回「全球華人乳癌組織聯盟」

地址：香港九龍荔枝角大南西街 609 號永義廣場 29 樓 C 室

Please return the completed form to "Global Chinese Breast Cancer Organizations Alliance"

Address: Unit C, 29th Floor, Easy Tower, 609 Tai Nam West Street, Lai Chi Kok, Kowloon, Hong Kong

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