



Faith Hope Love Hospice Care Malaysia
信望爱安宁疗护
Persatuan Hospis Harapan Kasih Malaysia
(PPM-014-14-18052018)
7, Jalan 1/3, 46000 Petaling Jaya, Selangor.
Tel: 010-3930150, Fax: 03-74985151
Email: info@fhlhospice.org Website: fhlhospice.org

Volunteer Application Form 志愿者申请表格

FHL VLT No: _____

Name: _____ 姓名: _____

Address 地址: _____

IC Number 身份证号码: _____ Age 年龄: _____

Phone number 电话号码: _____

Email 电邮: _____

Occupation 职业: _____ (Full-time 全职 Part-time 兼职)

Preferred Languages 首选语言 1) _____ 2) _____ 3) _____

Do you have own transport? 你有自己的交通工具吗? (Yes 是 No 否)

Please state your usual mean of transport 请注明你平常惯用的交通工具: _____

Do you have any health issues? 你有健康状况吗? (Yes 是 No 否)

If Yes, please explain 若有, 请注明: _____

Have you suffered bereavement in the last two years? 过去两年内你有经历丧亲之痛吗? (Yes 是 No 否)

If yes, please share 若有, 请分享: _____

Current Church/Christian Organization 所属教会 / 基督教机构: _____

Current voluntary work / church ministry 现在所参与的志工 / 教会事工: _____

Emergency Contact 紧急联络人

Name: _____ 姓名: _____

Phone number 电话号码: _____ Relationship 关系: _____

Availability to volunteer 请注明你可以参与志工服事的时间:

Start Month 那个月可以开始: _____ Day 那一天: _____

Time 时间: _____

Please indicate your area of interests or strengths 请注明你的志愿事项:

() Transport patients 提供交通给患者和家人

() Physiotherapy 物理治疗

() Beauty therapy / Haircut 美容护理 / 剪发

() Fundraising 筹款活动

() Cooking 烹饪

() Prayer 为事工代禱

() Simple nursing 简单护理

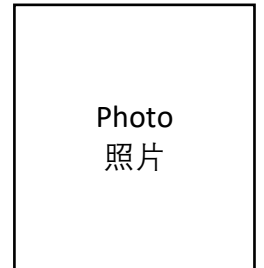
() Occupational therapy 职能治疗

() Clerical work 文职工作

() Photography 摄影

() Respite Care 临时护理/陪伴

() Others 其他 _____



Referees 推荐人 (Church Pastor/Elder/Ministry Leader/Co-worker 牧师/教会长老/事工组长或同工):

Name: _____ 姓名: _____

Phone number 电话号码: _____ Email 电邮: _____

Current Church / Christian Organization 所属教会 / 基督教机构: _____

Consent 同意印证:

I declare all the information provided above is correct. I understand and acknowledge that all information provided by me is kept private and confidential within Faith Hope Love Hospice Care Malaysia board members, medical team and administration coordinator.

我同意让信望爱安宁疗护机构保存我的个人资料，也了解一切资料为保密。我谨宣明以上所提供资料全属。

I declare I will keep patient and family information private and confidential. I will abide by the code of conduct, and also abide by the policy and regulations of FHL Hospice Care Malaysia as a volunteer. I understand FHL Hospice reserves the right to terminate my volunteer post if found any misconduct, false statement and unsuitability of my volunteer work.

我宣明我会将病人与其家人的资料保密。如我的行为有违规或对病人与家属造成不利，信望爱安宁疗护机构有权利终止我志愿者的身份与相关服务。

Name: _____ 姓名: _____

Signature 签名 _____ Date 日期: _____

- Please provide two passport size photos. 请附上两张护照照片以做记录。

You can send this volunteer application form to us by:

您可以通过以下方式将此志愿者申请表发回给我们:

1. Whatsapp to: **+6010-393-0150**
2. Email the form to 电邮表格去: **info@fhlhospice.org**
3. Post or Hand in to us at our office 邮寄或直接交来信望爱工作室:

Faith Hope Love Hospice Care Malaysia 信望爱安宁疗护
7, Jalan 1/3, Seksyen 1, Petaling Jaya, 46000 Selangor.

OFFICE USE ONLY

Form received: _____ Date of approval of application: _____

Person In-Charge: _____ Signature: _____

Volunteer start date: _____ Volunteer termination/withdrawal date: _____