



澳門醫護志願者協會 – 志願者註冊表格 (個人)

Registration form of volunteers (Individual) –
The Macao Association of Medicals Volunteers



此表格適用於註冊成為澳門醫護志願者協會志願者的申請，申請者須遵守有關的註冊規章及制度。註冊成為志願者所享有的福利、權利和義務等詳情請參閱志願者手冊。

This form is used for application for registration as a volunteer of The Macao Association of Medicals Volunteers. Applicants must abide by the corresponding rules and regulations. Please refer to the Handbook for the benefits, privileges, obligations and other details of becoming a volunteer.



近照
(photo)

個人資料 PERSONAL DETAILS

中文姓名 _____ 外文姓氏 _____ 外文名字 _____
(Chinese name) (Name in other language - Last name) (Name in other language - First / other names)

性別 男(M) 女(F) 出生日期 _____年(y)____月(m)____日(d)
(Gender) (Date of birth)

證件類別 身份證： 澳門(Macao) 其他：_____ 證件號碼 _____
(Type of ID) (ID Card) 香港(HK) (Others) (ID number)
 內地(China Mainland)

國籍 _____ 手機號碼 _____ 其他聯絡電話 _____
(Nationality) (Mobile number) (Other contact number)

電子郵箱 _____ 聯絡地址 _____
(Email) (Correspondence address)

職業 學生(Student) 就讀學校 _____ 學系及年級 _____
(Occupation) (School / institution attending) (Major / faculty and year of study)
 在職(Employed) 任職機構 _____ 部門及職位 _____
 退休(Retired) 其他：_____ (Department and position held)
(Others)

教育程度 中學畢業或以下 大專或大學畢業 碩士或博士
(Education level) (Secondary or below) (College or Undergraduate) (Postgraduate)

掌握語言 中文/廣東話(Cantonese) 中文/普通話(Mandarin) 葡文(Portuguese)
(Language spoken) 英文(English) 其他：_____ (Others)

志願服務經驗 VOLUNTEERING EXPERIENCE

(註：以下位置若不敷使用，可另紙書寫。 you may use a separate sheet if needed.)

參與團體或機構 (Organization joined)	職位 (Position)	服務內容 (Services)	年資 (Years of services)	服務時數 (Hours of Volunteering)

是否曾參與國際活動志願服務？ 是(Yes) 否(No)
(Have you been a volunteer in an international event?)

活動名稱 (Name of event)	舉行日期 (Date of event)	服務崗位 (Position)	地區 (Place of event)	服務時數 (Hours of Volunteering)

志願服務意向 VOLUNTEERING INTENTION

能參與服務的時間 (可多選)
(Time available, multiple selections)

- | | | |
|---|---|--|
| <input type="checkbox"/> 平日日間
(Day times of week days) | <input type="checkbox"/> 平日夜間
(Night times of week days) | <input type="checkbox"/> 假日
(Weekend / Holiday) |
| <input type="checkbox"/> 任何時間
(Anytime) | <input type="checkbox"/> 時間待定
(To be confirmed) | |

服務對象選擇 (可多選)
(Service targets, multiple selections)

- | | | |
|---|---|---|
| <input type="checkbox"/> 兒童
(Children) | <input type="checkbox"/> 青少年
(Youth) | <input type="checkbox"/> 長者
(Elder) |
| <input type="checkbox"/> 家庭
(Family) | <input type="checkbox"/> 傷殘人士
(Disabled) | <input type="checkbox"/> 智障人士
(Mentally handicapped) |
| <input type="checkbox"/> 政府
(Government) | <input type="checkbox"/> 非牟利團體
(Non-profit organization) | <input type="checkbox"/> 沒意見
(Never mind) |

有興趣參與的服務類型 (可多選)
(Services interested in, multiple selections)

- | | | |
|---|---|---|
| <input type="checkbox"/> 社區服務
(Social service) | <input type="checkbox"/> 長幼及弱勢關懷
(Caring) | <input type="checkbox"/> 家居清潔 / 維修
(Cleaning / repairs) |
| <input type="checkbox"/> 組織策劃
(Organization & Planning) | <input type="checkbox"/> 大型活動
(Events) | <input type="checkbox"/> 扶貧探訪
(Poverty alleviation & visiting) |
| <input type="checkbox"/> 研究調查
(Research & Survey) | <input type="checkbox"/> 培訓教學
(Training) | <input type="checkbox"/> 宣傳推廣
(Promotion & Advertising) |
| <input type="checkbox"/> 體育服務
(Sports) | <input type="checkbox"/> 醫療 / 護理
(Medical / health) | <input type="checkbox"/> 禮儀接待
(Etiquette reception) |
| <input type="checkbox"/> 法律 / 翻譯
(Legislation / translation) | <input type="checkbox"/> 環保服務
(Environment protection) | <input type="checkbox"/> 編輯出版
(Editing & publishing) |
| <input type="checkbox"/> 文化創意及藝術
(Culture, Creative & Arts) | <input type="checkbox"/> 旅遊嚮導
(Tourism docent) | <input type="checkbox"/> 網頁設計 / 多媒體
(Web design / multi-media) |
| <input type="checkbox"/> 其他 : _____
(Others) | | |

個人資料收集聲明 PERSONAL DATA COLLECTION STATEMENT

申請者應填寫註冊表格上所需的資料，資料不足或會導致有關申請無法處理。申請者所提供的資料將受到保密，在註冊批核後會成為志願者的個人檔案紀錄，並只適用於開展志願服務、聯絡及通訊之用，除獲授權的人士外，將不會提供予其他人士。志願者有權確定其個人資料的保存、索取該等資料的副本，以及更改任何不正確的個人資料。有關情況可向澳門醫護志願者協會提出書面申請，聯絡方式包括傳真：(853) 28356429；電郵：mamv2006@gmail.com。

Applicants should provide the data required by the registration form, otherwise the application might not be able to process. The data will be kept confidential, and will be transferred to the volunteer file established once the application is successful, and will only be used for volunteering and services, promotion of activities, and communication purposes. Apart from personnel duly authorized, no one will be given access to your personal data. Volunteers have the right to ascertain whether his/her personal data is held, or to obtain a copy of such personal data, and to have any inaccuracies corrected. These requests should be made in writing and addressed to The Macao Association of Medicals Volunteers by fax: (853) 28356429 or email: mamv2006@gmail.com.

是否願意接收手機訊息？ 是 (中文) 是 (英文) 否
(Mobile SMS receiving?) (Yes - Chinese) (Yes - English) (No)

是否願意接收電郵訊息？ 是 (中文) 是 (英文) 否
(Email message receiving?) (Yes - Chinese) (Yes - English) (No)

聲明 DECLARATION

本人認同志願者的理念，並希望註冊成為志願者，服務社會。本人現聲明本註冊表格上所填寫內容均屬真確，同時已清楚及同意表格上所載關於個人資料收集聲明的內容，並遵守有關的註冊規章及制度。本人現申請成為澳門醫護志願者協會的志願者，並明白本人資料將被轉移並載入至“澳門志願者”註冊系統。

I agree with the principles and values of being a volunteer, and I am eager to register as a volunteer to serve the community. I hereby declare that all data given in this registration form are accurate and complete. I understand and agree with the contents of the Personal Data Collection Statement as detailed in this form, and will surely conform to the corresponding rules and regulations. I also understand that my information will be transferred to the system of "Macao Volunteers" for registration.

申請者簽署 (Signature)

日期 (Date)

此欄由澳門醫護志願者協會填寫 FOR OFFICE USE ONLY

收表日期：_____ 經手人：_____ 審批人：_____ 註冊號碼：_____

澳門醫護志願者協會保留接納申請與否的最終決定權。

The Macao Association of Medicals Volunteers reserves the right of final approval of the applications.

本註冊表格複印有效。

Photocopies of this Registration Form are accepted.

澳門醫護志願者協會 The Macao Association of Medicals Volunteers

地址 / Address：澳門慕拉士大馬路 218 號澳門日報大廈 12 樓 Avenida de Venceslau de Morais n.º 218, Edif. Diário Ou Mun Iat Pou 12 andar, Macau

電話 / Tel：(853) 28356482 傳真 / Fax：(853) 28356429 電郵 / Email：mamv2006@gmail.com