



THE CHILD DEVELOPMENT CENTRE AT MATILDA 明德兒童啟育中心

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Volunteer Information Form

Surname:

First Names:

Date of Birth:

Day Month Year

Contact Tel:

Mobile:

Fax

Email

Address:

**Date/Time to
Visit Centre**

**Date/Time to
start:**

(The CDC is open Mon to Fri, 9 am to 4 pm)

- Are you volunteering as:
- | | | |
|---|----|--|
| <input type="checkbox"/> A Classroom Assistant | OR | <input type="checkbox"/> Fundraising Assistant |
| <input type="checkbox"/> Computer and IT | OR | <input type="checkbox"/> Writing and Research |
| <input type="checkbox"/> Subcommittee volunteer | OR | <input type="checkbox"/> Administration |
| <input type="checkbox"/> Human Resources | | |

Are you able to help on other days at short notice? YES / NO

Signature: _____

Today's Date: _____

For Office Use:

- Copy of ID card / Passport received.
- Confidentiality form signed.
- Volunteer Handbook

Please return this sheet to info@cdchk.org or fax to 2849 6900