

Membership/Volunteer Application Form

Please write in BLOCK letters and put a ☒ in the suitable box.

Please circle where appropriate

Type of application : ☐ Ordinary Member ☐ Ordinary Member (concessionary for elderly) ☐ Volunteer (Please fill in Part A, B and C)

☐ Family Member ("Principle card holders" of the Family: Name 1. _____ / Membership no. _____

Name 2. _____ / Membership no. _____)

For Official Use Only

9.2024

Membership no. : 0 000 000 _____

Expiry Date(DD/MM/YYYY) : _____

CRM Account No. : ACP- _____ - _____

Volunteer No. : _____ - _____ - _____

☐ New application ☐ Renewal ☐ Card reissuance

☐ Data renewal

A. Personal Information (Please provide as much information as possible for better service.)

English Name: _____ (same as HKID) Chinese Name : _____ (same as HKID)

Alias(optional) : _____ Sex# : M / F Nationality : ☐ Chinese ☐ Others _____

HKID no. (Alphabet and first 3 digits) : _____ Birthdate : _____ (DD/MM/YYYY)

Tel no.(1) (receiving SMS) : _____ Tel no.(2) : _____

Email (required to get access to YWCA Online Portal) : _____

Address : _____

B. Background Information

Religion : ☐ Protestant ☐ Catholic ☐ Buddhism ☐ Islam ☐ Taoism ☐ Non-religious ☐ Others : _____

For Protestant or Catholic, ☐ Baptized ☐ Catechumen ☐ Confirmation ☐ Seeker

Church : _____

Names of other family members holding HKYWCA membership (if any) : _____

Marital Status : ☐ Married ☐ Separated/Devoiced ☐ Single ☐ Widowed ☐ Others No. of children (if any) : _____

Educational level: ☐ Below Primary⁽¹⁾ ☐ Primary 1-2⁽²⁾ ☐ Primary 3-4⁽³⁾ ☐ Primary 5⁽⁴⁾ ☐ Primary 6⁽⁵⁾

☐ F.1⁽⁶⁾ ☐ F.2⁽⁷⁾ ☐ F.3⁽⁸⁾ ☐ F.4⁽⁹⁾ ☐ F.5⁽¹⁰⁾

☐ F.6 or F.7⁽¹¹⁾ ☐ Diploma or Associate Degree⁽¹²⁾ ☐ Degree (Bachelor) or above⁽¹³⁾ ☐ Unknown ☐ Others: _____

Occupational Status : ☐ Employed* ☐ Home-maker ☐ Retired* ☐ Seeking Employment ☐ Student

(*Please select your current field of profession or that before retirement)

Field of Profession*: ☐ Creativity and Arts ☐ Education ☐ Finance & Accounting ☐ Food & Beverage ☐ Government and Civil Services

☐ Hotel & Tourism ☐ Human Resources ☐ Investment, Insurance & Real Estate ☐ Law ☐ Logistic & Transportation

☐ Maintenance ☐ Manufacturing & Construction ☐ Media & PR ☐ Medical ☐ Personal Services

☐ Power & Water Technology ☐ Property Management & Security ☐ Publishing & Design ☐ Social Services ☐ Telecommunication & Information Technology

☐ Wholesale & Retail ☐ Others : _____

I donate HK\$_____ for the HKYWCA service development .

(Cheque shall be payable to: Hong Kong Young Women's Christian Association. The receipt of donating \$100 or above can be used for tax deduction)

Important Notes to Members

- Membership is valid for 1 year. All membership fee paid is non-refundable .
- Type of Membership : Ordinary Member 【full rate \$29】 / Ordinary Member (concessionary rate for Elderly at 60 or above) 【full rate \$10】 / Family Member (affiliated) 【free of charge】
- Please fill in the form and mail it to "Membership Affairs Team, Room 103, 1 MacDonnell Road, Hong Kong" with a crossed cheque of membership fee payable to Hong Kong Young Women's Christian Association.
- According to Personal Data (Privacy) Ordinance, applicants are entitled to access, amend, delete and limit the use of the personal data we held of you. You can exercise these rights by contacting us by email at member.enquiry@ywca.org.hk.
- The personal data provided by the applicants will be used for the purpose of activity management and communication, including promotions and updates of activities and services, fundraising, conducting research/analysis/survey, or other information regarding the objectives and missions of HKYWCA. Should you have any inquiries about the declaration on collection and use of personal data, please request from the information desk or go to www.ywca.org.hk.

I ☐ would like ☐ would not like HKYWCA to use my personal data for the purpose of communication or promotion.

☐ I hereby declare that I am a Hong Kong resident.

☐ I hereby declare that the information above is correct.

Signature (For those under 18, it can be signed by their parents or on their own) : _____ Date : _____

Emergency Contact Person : _____ (Name) _____ (Phone) _____ (Relationship)

Following-up Centre : _____ Staff : _____ Code : ☐ O ☐ C ☐ W

Membership fee : \$_____ Receipt no : _____ Signature : _____ Date : _____

Volunteer Registration Form

Type of registration: ☐ YWCA Volunteer ☐ Gospel Volunteer (Please fill in the part of "Gospel Volunteer")

☐ Support Teams for the Elderly (STE) Volunteer (STE no. : _____)

C. Volunteer Service

Volunteering Experience:	<input type="checkbox"/> No experience	<input type="checkbox"/> Have experience (less than a year)
	<input type="checkbox"/> Have experience (1-3 years)	<input type="checkbox"/> Have experience (4 years or above)
Volunteer training:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Target Service Recipients: (Multiple Selections)	<input type="checkbox"/> Infant	<input type="checkbox"/> Children
	<input type="checkbox"/> Youth	<input type="checkbox"/> Women
	<input type="checkbox"/> Elderly	<input type="checkbox"/> Family
	<input type="checkbox"/> All of the above	<input type="checkbox"/> Other service targets : _____
Scope of Services : (Multiple Selections)	<input type="checkbox"/> Women's Leadership Training & Gender Awareness Education	<input type="checkbox"/> Counseling Services
	<input type="checkbox"/> Community Services	<input type="checkbox"/> Evangelism & Cultivation of Spirituality
	<input type="checkbox"/> Cultural Exchange & Services in Mainland China	<input type="checkbox"/> School Services
Expertise and Skills: (Multiple Selections)	Language	<input type="checkbox"/> Foreign Language(1): _____
		Listening : ____ Conversation : ____ Writing : ____ (Highest: 5, Lowest: 1)
		<input type="checkbox"/> Foreign Language(2): _____
		Listening : ____ Conversation : ____ Writing : ____
	Design	<input type="checkbox"/> Graphic Design <input type="checkbox"/> Product Design <input type="checkbox"/> Architectural/Interior Design
		<input type="checkbox"/> Fashion Design <input type="checkbox"/> Other Design : _____
		<input type="checkbox"/> Design Software : _____
	Others	<input type="checkbox"/> Computer Software Usage : _____
		<input type="checkbox"/> Photography
		<input type="checkbox"/> Videography
		<input type="checkbox"/> Musical Instrument : _____
		<input type="checkbox"/> Editing
		<input type="checkbox"/> Sports : _____
		<input type="checkbox"/> First Aid(Certificate & Expiry Date) : _____
		<input type="checkbox"/> Dancing : _____
		<input type="checkbox"/> Performance : _____
		<input type="checkbox"/> Other Expertise and Skills: _____
		<input type="checkbox"/> Home Economics : _____
		<input type="checkbox"/> Repairs (with Valid Licence) : _____

Gospel Volunteer (for "Gospel Volunteer" applicants ONLY)

Catholic / Christian? : <input type="checkbox"/> Yes <input type="checkbox"/> No	Participate in Worship/ Mass : <input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Decision : _____	Worship/ Mass Participation Frequency : <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Steadily
Religion Status : <input type="checkbox"/> Baptized <input type="checkbox"/> Catechumen <input type="checkbox"/> Confirmation <input type="checkbox"/> Seeker	Participate in Fellowship/ Cell group : <input type="checkbox"/> Yes <input type="checkbox"/> No
Year of Baptized : _____	Fellowship/ Cell group Participation : <input type="checkbox"/> Rarely <input type="checkbox"/> Occasionally <input type="checkbox"/> Steadily
Gift/ Ministries : (Multiple Selections)	<input type="checkbox"/> Deacon / Church Committee <input type="checkbox"/> Choir <input type="checkbox"/> Bible Lesson Teacher / Fellowship Leader <input type="checkbox"/> Clerical Work
	<input type="checkbox"/> Audio/Video <input type="checkbox"/> Personal Ministries <input type="checkbox"/> Follow Up New Born Christians <input type="checkbox"/> Praying
	<input type="checkbox"/> Artistic Design <input type="checkbox"/> Other Gifts / Ministries : _____
Visions / Goals:	_____

Important Notes to Volunteers

- Please fill in the form and mail it to "Membership Affairs Team, Room 103, 1 MacDonnell Road, Hong Kong".
- According to Personal Data (Privacy) Ordinance, applicants may make inquiries or changes to their personal data from Christian Ministry and Membership Department of HKYWCA. Tel : 3476 1324 /Email: cmmd@ywca.org.hk
- The personal data provided by the applicants will be used for the purpose of activity management and communication, including promotions and updates of activities and services, fundraising, conducting research/analysis/survey, or other information regarding the objectives and missions of HKYWCA. Should you have any inquiries about the declaration on collection and use of personal data, please request from the information desk or go to www.ywca.org.hk.

I ☐ would like ☐ would not like HKYWCA to use my personal data for the purpose of communication or promotion.

☐ I hereby declare that the information above is correct.

Signature (For those under 18, it can be signed by their parents or on their own) : _____ Date : _____

Emergency Contact Person : _____ (Name) _____ (Phone) _____ (Relationship)

For Official Use Only

Volunteer Service Book No. : F31- _____

Interview Comments : _____

Interviewer Signature : _____ Name : _____ Position : _____ Date : _____

Volunteer Manager / Coordinator# Signature : _____ Name : _____ Date : _____