

義工申請表 (需年滿 16 歲或以上)

供寫字樓填寫 For Office Use : File No. _____

Volunteers Application Form (Must be 16 years or elder)

姓名 Name : _____ 申請日期 Date of Application : _____

性別 Gender : _____ 身份證號碼 ID Card No. : _____

出生日期 Date of Birth (年 YY/月 MM/日 DD) : _____

電子郵件信箱 Email Address : _____

郵遞地址 Mailing Address : _____

住址電話 Home Phone : _____

職業 Occupation : _____ 僱主 Employer : _____

公司電話 Office Phone : _____ 手提電話 Mobile Phone : _____

會員證號碼 Membership No. : _____ 義工年資 Volunteer Experience : _____

教育程度 Education : 中四或以下 Form 4 or below 中五至中七 Form 5-7 大專 College

大學或以上 Undergraduate or above 其他 Others _____

有空當義工的時間 availability for volunteering (周末 weekends/平日 weekdays/不定 varies?) : _____

請別出閣下願意和能夠勝任的工作 Please indicate any skills or talents that we may call upon :

- 慈善義賣 Charity Sales
- 狗隻散步員 Dog Walker
- 動物管理員 Kennel Keepers/貓、狗、另類動物的社交員 Cat, Dog, Exotic Socializers/領養輔導員 Adoption Counselors
- 公共資訊 Public Information Representative (例如仁愛教育/公眾演說 E.g. Humane Education /public speaking)
- 暫養家長 Foster Parent (為動物提供一個臨時的家 provide a temporary home for animals)
- 照顧動物支援 Animal Care Support (需要是就讀或畢業於獸醫課程 should be either graduated or studying in Veterinary Education)
- 文職工作 Administrative Support (例如文件存檔、電腦資料輸入、郵遞和一般寫字樓職務 E.g. Filing, Computer entry, Mailings and General Office Tasks)
- 籌辦活動 Fund Raising Events
- 其他 Others : _____

請問你有否一些心理障礙或身體殘疾以致未能參與某些工作(例如:心臟毛病、脊骨損傷、癲癇症、敏感等等)?若有,請寫明 Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies etc.)? If yes, please explain : _____

遇上緊急情況時的聯絡人 Emergency Contact

姓名 Name : _____ 關係 Relationship : _____

住址電話 Home Phone : _____ 公司電話 Work Phone : _____

住址 Home Address : _____

收集個人資料聲明 PERSONAL INFORMATION COLLECTION STATEMENT

你提供的資料只供申請成為香港愛護動物協會義工日後聯絡及通訊之用,除獲本協會授權的人員外,將不會提供予其他人士。THE INFORMATION PROVIDED WILL ONLY BE USED FOR ENROLMENT AND FURTHER CORRESPONDENCE AS VOLUNTEERS OF SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (HONG KONG). APART FROM PERSONNEL DULY AUTHORIZED BY THE SPCA (HK), NO ONE WILL BE GIVEN ACCESS TO YOUR PERSONAL INFORMATION.

申請人簽署 Applicant's Signature : _____ 日期 Date : _____

香港愛護動物協會 Society for the Prevention of Cruelty to Animals (Hong Kong)

香港灣仔運盛街 5 號 5 Wan Shing Street, Wanchai, Hong Kong

電話 Tel : 2802 0501 傳真 Fax : 2802 7229

此乃重要資料，必須於申請成為香港愛護動物協會義工前詳細閱讀及簽署 IMPORTANT INFORMATION TO BE READ AND SIGNED PRIOR TO VOLUNTEERING FOR THE SOCIETY FOR THE PREVENTION OF CRUELTY TO ANIMALS (HONG KONG)

作為香港愛護動物協會的義工，申請者必須為持有香港身份證的本港居民。煩請您於參與任何義務工作前簽署以下三項免責聲明，倘若您對免責聲明有任何疑問，敬請聯絡我們的義工聯絡人。As a Society for the Prevention of Cruelty to Animals (Hong Kong) volunteer, applicants must be Hong Kong Citizen and holder of Hong Kong Identity Card. You need to sign the following three waivers before you can participate as a volunteer. If you have any questions about these waivers, please contact the Volunteer Coordinator.

免責聲明 WAIVER OF COMPENSATION BENEFIT

於香港愛護動物協會(以下簡稱「協會」)的僱員保險政策內，義工並不界定為「僱員」。所以當您於協會義務工作時，恕不能受到「僱員補償條例」的工傷賠償保障。然而，為保障任何義工於協會義務工作期間受傷，協會已安排醫療保障的個人意外保險。假若有義工不幸於協會義務工作時受傷，必須盡快填妥協會行政部之受傷報告，讓我們得知情況及加以紀錄。Under our Worker's Insurance policy, The Society for the Prevention of Cruelty to Animals (Hong Kong) ["SPCA (HK)"] volunteers are not classified as "employees" and are therefore ineligible for Worker's Compensation coverage for injuries that might be sustained while volunteering for the SPCA (HK). However we have arranged Personal Accident Insurance with medical benefits for any volunteer injured during their time helping the Society. If a volunteer is injured performing a SPCA (HK) volunteer job, a SPCA (HK) Injury Report must be completed with the Administration Department as soon as possible following the injury for our information and records.

本人授權協會在萬一發生意外、受傷或發病時為本人尋求緊急治療。因本人有可能會接觸到動物，我明白自己需要請教醫生有關防疫注射的問題。I authorize The SPCA (HK) to seek emergency medical treatment in case of accident, injury, or illness. I understand that because I may handle animals it is important to discuss the animal related vaccinations with my physician.

作為義工，假若本人與協會員工在溝通上產生問題，我會盡快告之活動負責人。假若本人因事未能履行獲分配的工作，本人同意於事前盡早通知義工聯絡人。本人願意接受活動負責人的督導，並於有意見、建設性的評語、建議及批評時，直接向活動負責人提出。If communications problems develop between employees and myself, as a volunteer I will report these to the programe leader as soon as possible. I agree to inform the volunteer coordinator in advance and as soon as possible if I am unable to fulfil the tasks I have been assigned. I will take ideas, constructive comments, suggestions and criticisms directly to the programe leader and agree to be supervised by the program leader.

本人明白協會內所有關於新舊動物主人的紀錄必須保持機密。I understand The SPCA (HK) records regarding previous and new owners are to be kept confidential.

本人授權協會可使用任何和所有拍攝到本人的相片於推廣協會服務、計劃或活動上。本人明白所有有關照片及底片將會成為協會的資產，可能在未有事前通知或收取任何報酬下被使用。The SPCA (HK) has my permission to use any and all photographs taken of me to promote society services and programs or to publicize any event. I understand that all prints and negatives become sole property of The SPCA (HK) and may be used without payment or prior notification.

本人已經詳細閱讀，清楚明白和同意以上條款，現簽署以茲證明：BY SIGNING THIS DOCUMENT, I ATTEST TO HAVING READ, UNDERSTOOD AND AGREED TO THE ABOVE:

申請人簽署 Applicant's Signature : _____ 日期 Date : _____

請以正楷填寫姓名 Print Name : _____

破傷風免責聲明 TETANUS WAIVER

協會認為會接觸或處理動物的義工，注射有效之破傷風疫苗是非常重要的。倘若義工對破傷風疫苗注射有所疑問，我們極力鼓勵他/她自費請教醫生以決定是否注射破傷風疫苗。The SPCA (HK) feels it is important for all volunteers to be current on their tetanus vaccination if they will be handling animals as a SPCA (HK) volunteer. If a volunteer has questions about the tetanus vaccination, he or she is encouraged to consult a physician, at the volunteer's own expense, to decide whether or not to be vaccinated against tetanus.

狂犬病免責聲明 RABIES WAIVER

協會為處理動物的義工準備了一系列預防狂犬病疫苗注射。協會義工可自費請教他/她的醫生以決定是否接受狂犬病疫苗注射。The SPCA (HK) offers its volunteers who handle animals a rabies pre-exposure vaccination series. Alternative, SPCA (HK) volunteers may discuss this vaccination series with a physician, at their own expense, prior to making a decision on whether or not to pursue this pre-exposure rabies vaccination series.

本人已經詳細閱讀，清楚明白和同意以上內容。本人確認協會不用承擔因本人未有注射破傷風疫苗及狂犬病疫苗而引致的各種責任。本人亦明白無論本人對注射破傷風及狂犬病疫苗之決定為何，本人均完全承擔所有之風險。I HAVE READ, UNDERSTAND AND AGREE TO THE ABOVE. FURTHERMORE, I RELEASE THE SPCA (HK) FROM ALL RESPONSIBILITY THAT MAY OCCUR BECAUSE OF MY NOT BEING VACCINATED AGAINST TETANUS AND RABIES AND I UNDERSTAND THAT WHATEVER DECISION I MAKE REGARDING A RABIES AND TETANUS VACCINATION IS AT MY OWN RISK.

申請人簽署 Applicant's Signature : _____ 日期 Date : _____

請以正楷填寫姓名 Print Name : _____