

CONFIDENTIAL

Have you ever been convicted, or are under investigation in a court of law in any country? If yes, please specify:	Yes	No															
Are you an undischarged/discharged bankrupt or have any bankruptcy proceedings started on you? If yes, please specify:	Yes	No															
Have you ever suffered, or are suffering from any medical/mental condition, illness, disease or physical impairment? If yes, please specify, including treatment:	Yes	No															
Do you know or are related to any Board member, staff or patient in Kwong Wai Shiu Hospital? If yes, please specify name, designation and department/ward:	Yes	No															
Please give us 2 character referees who should know you well and are not your relatives.																	
<table border="1"><thead><tr><th>Name</th><th>Occupation</th><th>Years Known</th><th>Email Address</th><th>Contact Number</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr></tbody></table>			Name	Occupation	Years Known	Email Address	Contact Number										
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**I certify that the above information is true and correct.
I understand that I shall be interviewed by the volunteer department staff and shall accept the hospital's decision on my suitability to serve as a volunteer.**

Signature/Name: _____ Date: _____

Witness's Signature/Name: _____ Date: _____