



**SEDAN CHAIR CHARITIES FUND 抬轎比賽慈善基金**

**Volunteer Registration Form**

**Personal Information**

Name: \_\_\_\_\_

Gender:  Male  Female

Age: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Education:  Primary  Secondary  College  Undergraduate  Postgraduate

Language:  English  Cantonese  Putonghua  Others: \_\_\_\_\_

**Time Available for Volunteer Services**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	<b>Sunday The Race Day</b>
Morning							
Afternoon							
Evening							

**Volunteer work experiences**

Have you been a SCCF volunteer?  No  Yes, my duty was \_\_\_\_\_

Other experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Interested Areas of Services**

Pre-event / Post-event: General Administration	During the Race / Bazaar (29 <sup>th</sup> October, 2017)	
	Race	Bazaar
<input type="checkbox"/> Art & design <input type="checkbox"/> Administrative duties <input type="checkbox"/> Making cold calls to potential sponsors <input type="checkbox"/> Editorial and translation <input type="checkbox"/> Organize and distribute donation for bazaar <input type="checkbox"/> Data entry <input type="checkbox"/> Carpenter (Sedan Chair inspection)	<input type="checkbox"/> Reception <input type="checkbox"/> Guest Handling <input type="checkbox"/> Time keeper <input type="checkbox"/> Race marshal <input type="checkbox"/> Crowd control <input type="checkbox"/> Photo taking <input type="checkbox"/> Video recording	<input type="checkbox"/> Guest performer <input type="checkbox"/> Bazaar assistant <input type="checkbox"/> Booth handling <input type="checkbox"/> Photo taking <input type="checkbox"/> Video recording
<b>Others</b> (Please specify) : _____		

For more information, please contact us at  
 Tel: 2849 0449 E-mail: [program@sedanchairace.org](mailto:program@sedanchairace.org) Website: [www.sedanchairace.org](http://www.sedanchairace.org)