

東蓮覺苑弘法精舍

Address: No.8, Fat Yip Lane, CastlePeak Road, 9.5 Milestone, Tsuen Wan, Hong Kong 地址：香港荃灣青山公路九咪半發業里 8 號
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Volunteer Application Form

Ref.: _____

Please where appropriate :

Dhamma Support Member: Yes Membership No. _____ No

Name/Dhamma Name: _____ Gender: Male Female

Correspondence Address: _____

Contact Number: _____ Email : _____

Language: Cantonese Mandarin English Others _____

Service Category: Computer Clerical Work Kitchen Work
Sanitary Work
Others Please specify _____

Do you wish to:

- receive news and update of volunteer work at Wang Fat Ching She
- call by Wang Fat Ching She on any update of volunteer work
- receive Newsletter on Dhamma Support Members (Chinese only)

I have fully acknowledged the guidelines of volunteer at Tung Lin Kok Yuen Wang Fat Ching She. I hereby declare that my mental and bodily conditions are fit for such volunteer work at Tung Lin Kok Yuen Wang Fat Ching She.

Signature : _____

Date : _____

Personal Data Declaration:

The information provided by applicants will be used for the registration and administration of Volunteer Work at Tung Lin Kok Yuen Wang Fat Ching She only. All data provided will be treated in strict confidence.