



**FAMILIES OF S.M.A.**  
CHARITABLE TRUST  
脊髓肌肉萎縮症慈善基金

## **S.M.A. VOLUNTEER REGISTRATION FORM**

I understand that the “Families of S.M.A. Charitable Trust” is a non-profit organisation set up for the purpose of furthering medical research to find a cure for S.M.A. diseases, provide patient support, help needy S.M.A. families and promote public awareness of the S.M.A. diseases in Hong Kong. Please register me and keep me informed of current activities.

(If you want to help as an individual, please fill in **Part I and Part III**. If you want to help as an organization, please fill in **Part II and Part III**.)

### **Part I. General Information (For Individual)**

English Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_

HKID: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Occupation: \_\_\_\_\_  Full Time  Part Time

Contact Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_

Education:  Primary School  Secondary School  Tertiary Education

### **Part II. General Information (For Organization)**

Name of Organization: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

Contact Tel.: \_\_\_\_\_ Fax: \_\_\_\_\_

### Part III. Related Information

Areas to help: Please indicate the area(s) you are interested. (You can choose more than one option):

- Fund-raising Activities       Patients Activities  
 Administrative Work       Photography  
 Others (please specify):

Volunteer Work Experience : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Time Available : Please select (you can choose more than one box) :

| Sunday    | Morning                  | Afternoon                | Evening                  |
|-----------|--------------------------|--------------------------|--------------------------|
| Monday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Tuesday   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Wednesday | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thursday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Friday    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Saturday  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**The above information is for the arrangement of voluntary work only.**  
**All information is private and confidential.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit this Form by **FAX** or **MAIL** to: Families of S.M.A. Charitable Trust  
Room 1402, 14Floor, SUP Tower, 83 King's Road, North Point, HK  
Hotline: 2811 1767 Fax: 2510 7199  
Website: <http://www.fsma.org.hk> Email: [info@fsma.org.hk](mailto:info@fsma.org.hk)