



香港聖約翰救傷隊少青團

Hong Kong St. John Ambulance Brigade Youth Command

Application Form for Youth Command Duty Service

(Please submit application form to Youth Office at least two months in advance by e-mail youth@stjohn.org.hk or by fax 2530 4867)

Part A: Applicant Organisation

Name of Organisation : _____
Address of Organisation : _____
Telephone No. : _____ Fax. No.: _____
Email Address : _____
Contact Person : _____ *Mr./Ms./Mrs.
Designation : _____

Part B: Information of Activity

Name : _____
Date : _____
Time : From *AM/PM _____ to *AM/PM _____
Venue : _____
Expected No. of Volunteer : _____
Reporting Time for Volunteer : From *AM/PM _____ to *AM/PM _____
Nature of Service : *crowd control/ flag selling/ medical check-up/ game stall services / Other (please specify: _____)

Part C: Other Information

Name of Person-in-charge : _____ Signature : _____

Organisation Chop : _____ Date : _____

* Please delete as appropriate