## **Skeleton Volunteers Record**

Name of treatment centre :  Address :  Date of reporting :																	
									Name (in English)	Name (in Chinese)	Sex	HKIC No.	Date of commencement of service	Post Held	Hours of Service (per day / per month)	Time of Service (e.g. 9 a.m. – 5 p.m.)	Qualification
						Signature											
					Name of repo	orting staff (		)									