

Office of Student Affairs - Civic Engagement
Community Service Pre-approval Form

This form needs to be submitted to OSA **BEFORE** you begin volunteering at least 2 week for prior approval. You need to hand in one of these forms for **EACH** place where you intend to volunteer.

Student Name:	(Eng)	(Chi)
Student ID:		Contact Number:
Study Programme :		Year of Study: Year of Entry: <input type="checkbox"/> 2012/13 <input type="checkbox"/> 2013/14 <input type="checkbox"/> 2014/15 <input type="checkbox"/> 2015/16
Email:	@ln.hk	Non-local Student: <input type="checkbox"/>
Name of Service Organisation:		
Name of Service Programme:		
Period of Service :	From(DD/MM/YY)	To
Name of the Service Person-in-charge:		Contact Tel:
Volunteer Training Hour(s) (if any)		Estimated Service Hour(s):

1. Nature of Service Target:

- | | | | |
|--|---|-------------------------------------|---|
| <input type="checkbox"/> Children | <input type="checkbox"/> Youth | <input type="checkbox"/> Family | <input type="checkbox"/> Elder |
| <input type="checkbox"/> Women | <input type="checkbox"/> Mentally-ill Patient and Rehabilitator | <input type="checkbox"/> Disabled | <input type="checkbox"/> Street Sleeper |
| <input type="checkbox"/> New Arrivals | <input type="checkbox"/> Mentally Handicapped | <input type="checkbox"/> The Public | |
| <input type="checkbox"/> Offender | <input type="checkbox"/> Rehabilitated Drug Abuser | | |
| <input type="checkbox"/> Ethnic Minorities | <input type="checkbox"/> Other: _____ | | |

2. Nature of Service:

- | | | | |
|---|--|---|--|
| <input type="checkbox"/> Office Work | <input type="checkbox"/> Coaching Service | <input type="checkbox"/> Escort Service | <input type="checkbox"/> Concern Visits |
| <input type="checkbox"/> Manual Labour Work | <input type="checkbox"/> Befriending/ Mentoring | <input type="checkbox"/> Tutoring | <input type="checkbox"/> Conducting Research |
| <input type="checkbox"/> Fund-raising | <input type="checkbox"/> Environmental Protection | <input type="checkbox"/> Organising Educational Groups & Activities | |
| <input type="checkbox"/> Organising Developmental Groups & Activities | <input type="checkbox"/> Strategic/ Business Planning for Organisation | <input type="checkbox"/> Other: _____ | |

3. Descript of volunteer work you will perform?

-Position/ Role: _____

-Job Description: _____

*Please attach the relevant materials to support your application.

Date of Submission : _____ Signature of Student: _____

- Please return this form to **OSA (G/F, WYL)** or c.connects@ln.edu.hk before 2 week of commencing the service.
- The application result will be launched within one week after the form submitted
- This form can be downloaded at <http://www.ln.edu.hk/osa/ce>
- For enquiry, please contact OSA at Tel: 2616 7023 email:c.connects@ln.edu.hk

CS Pre-approved No.	
Approved by: _____	Date of Approval: _____