

# Ocean Park Corporation Registration of Volunteer

## 1. Personal Particulars

Name: \_\_\_\_\_ Sex: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Passport / HKID No.: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_  
Holder of permanent residency of Hong Kong:  Yes (Please provide **HKID card copy**)  
 No (Please provide valid work permit copy)

## 2. Emergency Contact

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mobile Phone: \_\_\_\_\_ Home/Office Phone: \_\_\_\_\_

## 3. Referral Source

Name: \_\_\_\_\_ Relationship with Ocean Park: \_\_\_\_\_

## DECLARATION

- I hereby agree to work in Ocean Park as a volunteer for a specific period without remuneration.
- I shall be responsible for my own safety while working as a volunteer in Ocean Park. I shall not engage in any kind of activities which may cause injury to myself and/or to other people. If I am concerned about the safety of any work assigned to me, or notice any unsafe working condition, I shall inform my manager immediately.
- I shall not touch or handle any Park animal and/or enter any animal area without proper permission
- During or after my tenure in Ocean Park, I shall not, without prior permission or proper authority, give or release undisclosed or privileged information of the Park to anyone outside the Park, especially information pertaining to animal procedures and activities should be held in strictest confidence.
- I do not have personal or business interests that are in conflict with my work in Ocean Park. I shall inform my manager if such a conflict developed during my volunteering period.

\_\_\_\_\_  
Volunteer Signature  
Name :

\_\_\_\_\_  
Date

## For Office Use

### For completion by Department

Division: ZOC Department / Section : OPCFHK  
Duties: To assist in field work, fundraising events and other conservation-related events in OPCFHK  
Volunteer Nature:  Park Conservation / Education Support  Park Zoological / Animal Support  
 Internship / College Support  Government / Community / Charity Support  Others  
Working Period\*: \_\_\_\_\_ Daily Working Hours Open  
Registered by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Section/Department Head Division Head  
Name & Title: Josephine Wong – Deputy Director Name & Title: Michael Boos – Foundation Director  
Date: \_\_\_\_\_ Date: \_\_\_\_\_

### For completion by Human Resources

Approved by: \_\_\_\_\_ Confirmed start date\*: \_\_\_\_\_  
Human Resources Division  
Date: \_\_\_\_\_

(\*commencement of work must follow approval by Human Resources)

c.c. Corporate Services Department