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**TWGHs Community Services Division**

**Child Development Fund – Teen’s Dream Mentorship Project (TWGHs – Tuen Mun)**

**Mentor Application Form**

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| Submit Methods  By Mail: TWGHs Tuen Mun Integrated Services Centre,  2/F & 3/F, Tseng Choi Street Government Complex, 27 Tseng Choi Street, Tuen Mun, NT  Fax: 2441 0082 Tel: 2441 2042 Contact Person: Ms Maggie LAU and Mr Jan LI (CDF – Project Worker) |

Referral Organization：

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

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English Name: ( 中文) Gender： Age：\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(YYYY/MM/DD) ID (1st Letter and 5 digit)：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact number：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Education Level：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personal Talents / Skills：\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **A ) Voluntary Services Experience：(additional paper can be provided )** | | | |
| **Services Organization** | **From** (YYYY/MM/DD) | **To**  (YYYY/MM/DD) | **Content of Services** |
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| --- | --- | --- | --- | --- | --- | --- | --- |
| **A ) Available Time Slot for Joining Activities：**（ can be ✓ more than one time slot） | | | | | | | |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| AM |  |  |  |  |  |  |  |
| PM |  |  |  |  |  |  |  |
| Night |  |  |  |  |  |  |  |

C) Personal Talents / Aspects of Interested Program (Please ✓ and circle your choices )

|  |  |
| --- | --- |
| **Type** | **Choices of Activities** |
| **Financial Education** | 🞎 Children Financial Management / Human Recourse Management Training / Investment and Financial Management  🞎 Other： |
| **Academic Support** | 🞎 Use of English / Mathematics / Chinese Language / Putonghua  🞎 IT (Please specify： )  🞎 Other： |
| **Career and Occupation** | 🞎 Workplace Visit  🞎 Career planning Sharing (Please specify： )  🞎 Other： |
| **Personal Development** | 🞎 Self Understanding and interpersonal relationship自我認識及人際關係  🞎 Creative Thinking Training / Memory Power Training  🞎 Other： |
| **Health and Life Management** | 🞎 IT (Please specify：　　 　　　　 )  🞎 Cooking Skills (Please specify：　　 　　　　 )  🞎 Sport Training (Please specify：　　 　　　　 )  🞎 Music / Art (Please specify：　　 　　　　 )  🞎 Other： |

**Ｄ）Declartion：**

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| I hereby declare that I \*have/have not been convicted of a criminal offence (including sexual offence) in a court of law. I fully understand. |
| I fully understand the purpose(s) for collecting my personal data and their use for Teen Dream Mentorship Project only. |

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| --- | --- | --- | --- |
| Signature： |  | Date： |  |

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