**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: | | 🞎2012/13 🞎2013/14  🞎2014/15 🞎2015/16 |
| Email: | | @ln.hk | | | | | | Non-local Student: 🞎 | |
| 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:**

|  |  |  |  |
| --- | --- | --- | --- |
| ❑ Children | ❑ Youth | ❑ Family | ❑ Elder |
| ❑ Women | ❑ Mentally-ill Patient and Rehabilitator | | ❑ Disabled |
| ❑ New Arrivals | ❑ Mentally Handicapped | | ❑ Street Sleeper |
| ❑ Offender | ❑ Rehabilitated Drug Abuser | | ❑ The Public |
| ❑ Ethnic Minorities | ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |

2 **Nature of Service:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ❑ Office Work | ❑ Coaching Service | | ❑ Escort Service | | ❑ Concern Visits |
| ❑ Manual Labour Work | ❑ Befriending/ Mentoring | | ❑ Tutoring | | ❑ Conducting Research |
| ❑ Fund-raising | ❑ Environmental Protection | | ❑ Organising Educational Groups & Activities | | |
| ❑ Organising Developmental Groups & Activities | | ❑ Strategic/ Business Planning for Organisation | | ❑Other: \_\_\_\_\_\_\_\_\_\_\_\_\_ | |

1. 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](mailto: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](mailto:c.connects@ln.edu.hk)

CS Pre-approved No.

Approved by: Date of Approval: