

Chinese Cancer Survivors Peer Support Program



- *Feel anxious, helpless and isolated when diagnosed with cancer?*
- *Looking for cancer related services?*
- *Interested to talk with a cancer peer support volunteer?*

You are invited to join:

- ❖ *8 weeks Cancer Survivors Peer Support Program*
- ❖ *Talk with a trained cancer peer support volunteer using mobile telephone*
- ❖ *Receive support and encouragement*

Registration: Complete form or call (628) 217-6565

Sponsor: Health Education Department, Chinatown Public Health Center, SFDPH

Partial funding: SFGH AVON Comprehensive Breast Care Project



Chinatown Public
Health Center
華埠公共衛生局



<Chinese Cancer Survivors Peer Support> Program Registration Form

Date: _____

Name: (English) _____ (Chinese) _____ DOB: _____ Gender: _____

Address: _____ City: _____ Zip code: _____

Telephone: (Cell) _____ (Home) _____

Type of cancer: _____ Date of Diagnosis: _____ Use WeChat? : Yes _____ No _____

To register, please send this form to: Health Education Department, Chinatown Public Health Center
1490 Mason Street Room 304, San Francisco, CA 94133

華埠公共衛生局保健教育部

邀請你參加

《癌友朋輩關懷》計劃



當你知道自己得到癌症時，是否感到驚慌、無助及孤立？
你想知道更多關於社區的癌症資源服務嗎？
你想與一位經歷過癌症的義工傾談嗎？

誠意邀請你參加：

- ❖ 為期 8 個星期的「癌友朋輩關懷」計劃
- ❖ 透過手提電話，與一位受過訓練的癌症關懷義工傾談
- ❖ 彼此分享個人面對癌症的經歷，得著支持及鼓勵

有興趣者請填妥下列表格，問題查詢請致電 (628) 217-6565

主辦機構：三藩市華埠公共衛生局保健教育部
部份經費來自 SFGH AVON Comprehensive Breast Care Project



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你不需要獨自面對癌症

《癌友朋輩關懷計劃》參加者報名表

日期：_____

姓名：(英文) _____ (中文) _____ 出生日期：_____ 性別：_____

地址：_____ 城市：_____ 郵區號碼：_____

手提電話：_____ 家庭電話：_____

您患的癌症：_____ 確診癌症的日期：_____ 有使用微信嗎？：有 _____ 沒有 _____

請將報名表填妥，並交回：華埠公共衛生局保健教育部

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