志愿者报名表(登记表)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **个人基本信息** | | | | | | | | | | | | | | | | | |
| 姓 名 |  | | | 性 别 | | |  | 出生年月 | |  | 籍 贯 | | |  | | 血 型 |  |
| 政治面貌 |  | | | 电子邮箱 | | |  | | | | | | | 服装尺寸 | |  | |
| 身 高 |  | | | 体 重 | | |  | 头围/腰围 | |  | | | | 鞋 码 | |  | |
| **身份证件** | | | | | | | | | | | | | | | | | |
| 证件类型 |  | | | | | | | 证件号码 | |  | | | | | | | |
| **家庭住址** | | | | | | | | | | | | | | | | | |
| 长期居住地地址 | |  | | | | | | | | | | | | 邮政编码 | |  | |
| **联系电话** | | | | | | | | | | | | | | | | | |
| 移动电话 |  | | | | | | | 办公室电话 | |  | | | | | | | |
| 家庭电话 |  | | | | | | | 其他电话 | |  | | | | | | | |
| **其他联系人** | | | | | | | | | | | | | | | | | |
| 姓名 |  | | | | | | | 与本人关系 | |  | | | | | | | |
| 家庭电话 |  | | | | | | | 移动电话 | |  | | | | | | | |
| 办公电话 |  | | | | | | | | | | | | | | | | |
| **担任志愿者经历** | | |  | | | | | | | | | | | | | | |
| **身体状况** | | |  | | | | | | | | | | | | | | |
| **职业情况** | | | | | | | | | | | | | | | | | |
| 请填写您当前职业、工作单位 | | | | | |  | | | | | | | | | | | |
| **受教育情况** | | | | | | | | | | | | | | | | | |
| 学历 | | | | |  | | | | 毕业院校 | | |  | | | | | |
| 所学专业 | | | | |  | | | | | | | | | | | | |
| **驾驶技能** | | | | | | | | | | | | | | | | | |
| 证件类型 | |  | | | | | | | 证照签发机构/实际驾龄 | | | |  | | | | |
| **医疗救护** | | | | | | | | | | | | | | | | | |
| 是否有医疗救护方面资格证书 | | | | | |  | | | 是否参与过医疗救护方面的工作 | | | | | |  | | |
| **其他技能** | | | | | | | | | | | | | | | | | |
| 愿意提供志愿服务的工作领域 | | | | | |  | | | | | | | | | | | |
| **承诺书** | | | | | | | | | | | | | | | | | |
| 我承诺在从事志愿服务期间，完全服从志愿者组织单位及活动组管理会的安排，以便顺利完成志愿服务工作。  我承诺，我所填写的内容，直至我提交申请之时，是完全真实准确的，如有变更，我将及时通知组织单位。  签 名：  日 期： | | | | | | | | | | | | | | | | | |