附件1：

临泽县科普志愿者登记表

年 月 日

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 姓名 | |  | | | 性别 | | | |  | | 出生年月 | | | | |  | | 照片 | |
| 民族 | |  | | | 政治  面貌 | | | |  | | 宗教  信仰 | | | | |  | |
| 籍贯 | |  | | | | | | 户籍所在地 | | | |  | | | | | |
| 学历 | |  | | | | | 专业特长 | | |  | | | | | | | |
| 毕业院校及专业 | | | | | | | |  | | | | | | | | | | | |
| 家庭住址 | | | |  | | | | | | | | | | | | | | | |
| 身份证号码 | | |  | | | | | | | | | | 身体状况（如实填写） | | | | | |  |
| 联系  方式 | 联系地址 | | | | | |  | | | | | | | | | | | | |
| 联系电话 | | | | | | 办公：  手机： | | | | | | | 紧急联系人姓名及电话 | | |  | | |
| QQ | | | | |  | | | | | Email | | | |  | | | | |
| 服务  意向 | | 科学知识普及 | | | | | | | | | | | | | | | | | |
| 户外活动经历或是志愿者服务经历 | |  | | | | | | | | | | | | | | | | | |
| 申请人  身份证复印件 | | 贴身份证复印件处  申请人签字： 年 月 日 | | | | | | | | | | | | | | | | | |
| 备注 | |  | | | | | | | | | | | | | | | | | |