**2024年第一临床学院新生开学典礼及入院教育**

**志愿者报名表**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **基本信息** | **姓名** |  | **性别** |  | **民族** |  |
| **学号** | |  | | | |
| **班级** | |  | | | |
| **班内职务** | |  | | | |
| **联系方式** | |  | | | |
| **个人简历（社会工作及志愿服务经历）** |  | | | | | |
| **自身优势** |  | | | | | |