



CHINESE CLUB OF SAN MARINO 聖瑪利諾華協
VOLUNTEER APPLICATION FORM 義工者申請表

APPLICANT INFORMATION 申請資料 (PLEASE PRINT IN ENGLISH. BOLD ITEMS ARE REQUIRED.)

Last Name 姓 : _____ **First Name 名字**: _____

Date of Birth 生日: _____ **Sex 性別**: _____

Home Address 家地址: _____

Profession 職業: _____ **Employer 雇主**: _____

Work Address 工作地址: _____

Phone 電話 (Cell): _____ **(H)**: _____ **(W)**: _____

Email 電郵: _____ **WeChat ID**: _____

Highest Level of Education: _____

最高學歷

Special Training and Skills: _____

專業, 特長

Groups, Clubs, Organizational Memberships: _____

If you are under 19, what are your volunteer hour requirements? _____

Which school do you attend? _____

請註明當前屬於的團體, 俱樂部, 組織

VOLUNTEER 義工者: PLEASE CHECK THE AREA WHERE YOU ARE INTERESTED TO VOLUNTEER FOR CCSM

Activities **Community Services** **Education** **Chinese School** **Newsletter** **Other**
活動 社區服務 教育 中文學校 通訊 其他 _____

Available Time: **Weekdays** **Weekends** **Mornings** **Evenings** **Other** _____
義工時間 平日 週末 早晨 晚上 其他

Signature 簽名: _____ **Date 日期**: _____

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Office Use Only:

