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| **国际中文教师志愿者报名申请表** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **申请单位（学院）:** |  | | | | | | |  | | | | | | | | | | | | | | | | **提交时间:** | | | | | | | | | | | | |  | | | | | | | | | | | | | | |
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| 申请国别 | | | 肯尼亚 | | | 岗位类型 | | | | | | | 志愿者教学岗 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |
| 申请岗位 | | | 志愿者教师 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 所属教育厅/ 部属高校 | | | 东华大学 | | | 派出单位 | | | | | | | 东华大学 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本人身份 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 姓名 | | |  | | | 性别 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 民族 | | |  | | | 政治面貌 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 出 生 地 | | |  | | | 出生日期 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 婚姻状况 | | |  | | | 身份证号码 | | | | | | |  | | |  | | |  | |  | |  | |  | | |  | | |  | | | |  |  | | | |  | |  |  | | | |  |  |  |  |  |
| 手机号码 | | |  | | | E-mail | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 邮政编码 | | |  | | | 地 址 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 本科院校 | | |  | | | 专业 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 研究生院校 | | |  | | | 专业 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教师资格证书 | | |  | | | 普通话水平 | | | | | | |  | | | | | | | | | | | | | | | 机动车驾驶证 | | | | | | | | | | | | | | |  | | | | | | | | |
| 第一外语及水平 | | |  | | | 第二外语及水平 | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 中华才艺、特长 | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 教育背景 (从高中始) | | | 起止时间 | | | | 学校 | | | | | | | 专业 | | | | | | | | | | | | | | | | | | 学位 | | | | | | | | | | | | 类型 | | | | | | | |
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| 培训经历 | | | 起止时间 | | | | 培训机构 | | | | | | | 培训内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 工作经历 | | | 起止时间 | | | | 工作单位 | | | | | | | 工作内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | 类型 | | | | | | | |
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| 志愿服务经历 | | | 起止时间 | | | | 志愿服务单位 | | | | | | | 志愿服务内容 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 所受奖励 | | | 获奖时间 | | | | 获奖名称 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 派出单位（学院） 联系方式 | | | 经办人 | |  | | | | | | | 职务 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 电话 | |  | | | | | | | 传真 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 地址 | |  | | | | | | | 邮政编码 | | | | | | | | | |  | | | | | | | | | | | | E-mail | | | | | | |  | | | | | | | | | | |
| 直系亲属 联系方式 | | | 姓名 | |  | | | | | | | 与本人关系 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 工作单位 | |  | | | | | | | 政治面貌 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭座机 | |  | | | | | | | 手机号码 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 家庭地址 | |  | | | | | | | 邮政编码 | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 声明：本人保证所提供的以上信息均属实，否则申请资格可被取消。 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 申请人签字：　　　　　　　　　 　日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 导师意见： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 学院（单位）意见： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 学院（单位）审核（签字、盖章）：　　　　　　　　　　日期： | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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