

## 2019 年大華府地區青年志工培訓報名表

Name	First Name	Last Name	Chinese Name		photo
Gender	Male ___ Female ___	Country of Birth	Date of Birth		
Address:					
Public School:			Grade		
Chinese School:			Grade		
Nationality:		Cell Phone		Student's Email	
T-Shirt Size: __S __M __L __XL __XXL		Language Spoken At Home		Facebook Email Account	
		__Mandarin __English __Others			
Parents Names	First Name	Last Name	Chinese Name	Email	Nationality
Father					
Mother					
Home Phone		Father's Cell Phone		Mother's Cell Phone	
Community Participation/Position/Years			Award/Place/Years		
Health Information					
Have you ever had the following diseases?					
Heart disease:		Malaria:			
Asthma:		Hypertension:			
Kidney disease:		Diabetes:			
Liver disease:		Allergies:			
Mental illness:		Drug allergy:			
Epilepsy:					

## 2019 年大華府地區青年志工培訓報名表

Health Insurance Information			
Card Holder Name:			
Name of Insurance Company:			
Expiration Date:			
ID Number:			
Insurance Plan:			
Emergency Contact	Phone	Family Doctor's Name	Family Doctor's Phone
Parent's Signature:			Date:

備註：填寫完報名表後請連同保證金\$100 美元支票（支票抬頭：Culture Center of TECRO）  
郵寄至華府文教服務中心（Culture Center of TECRO, 901 Wind River Lane,  
Gaithersburg, MD 20878 Attn: Ms. Lin）