附件1

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| **序号** | **学院** | **专业** | **姓名** | **性别** | **年龄** | **出生年月日** | **民族** | **政治面貌** | **电子邮箱** | **手机号** | **是否掌握第二外语（如有请注明语言）** | **家长是否知情并同意** | **是否接受调剂** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |  |

志愿者基本信息汇总表