|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NYCC-20志愿者报名表** | | | | | | | | |
| 序号 | 组别 | 姓名 | 性别 | 邮箱 | 移动电话 | 居住地址 | 工作经验\* | 导师签字  （同意） |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

\*若有类似经验，请简要介绍具体**活动名称**及**工作岗位**，没有请填“无”