2021年全国盲人医疗按摩人员考试广西考区随行陪护人员报名表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **姓名** |  | **性别** |  | **年龄** |  |
| **职业** |  | | **联系电话** |  | |
| **居住地**  **/长居地** |  | | | | |
| **有无志愿者服务活动经历（详细列举）** |  | | | | |
| **志愿服务**  **项目** |  | | | | |
| **备注** | 提供身份证件复印件 | | | | |