JEN　Tokyo Headquarters
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Application for Nigata Volunteer

dd.　mm.　200__

Name	Sex	Date of birth
	M ・ F	dd.　mm.　yy.

Address

〒　-

TEL (　)　FAX (　)　Mobile / Cellphone (　)

Email :

(Would you like to use this address to receive our e-mail magazine? Yes・No)

※ Please give address details where you can always receive information because we will use this address to inform you immediately of changes to the schedule and activities.

School ・ Work :

Emergency Contact Address (Family member etc.)

Name : Relationship to you :

〒　-

TEL (　)　FAX (　)　Mobile / Cellphone (　)

Previous experience of volunteer work　Yes ☐　No ☐

If yes : Please give details of what kind of volunteer work you have participated in?

Schedule for activity :

When would you like to participate?　dd.　mm.　～　dd.　mm.

It is required to join volunteer insurance scheme which is valid to March 2008 unless you already have insurance. (This is free of charge)

Have you join the volunteer insurance of Tokamachi-city already ?

Yes ☐　No: I agree to join the volunteer insurance scheme ☐

How will you arrive to the assembly point ?

Car　Bike　Train　Other (　)

Other

※ After receiving this application, we will contact you to let you know if you have a place on your requested activity schedule.

※The information from this application can be used by the Social Welfare Council of Tokamachi City if you join the volunteer insurance scheme. And it is also needed for our own JEN activities: reporting the activities of JEN, providing information and requests for donation. We will not provide and disclose your personal information to third parties.