Ichinoseki International Association

2020.7

Volunteer Bank

**Activity Support Volunteer**

DD MM YYYY

**※Please Fill in all the boxes.　　　　　　　　　 　 　Date： 　　/　　　/20**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name** | | | |  | | | | | | | |  | |
| **Categories（Select multiple）**  **Draw a circle beneath the categories you wish to register in.** | | | | | **備　考** | | | | | | | | |
| **1** | Support for Japanese class | | | | \*If you have any experiences/qualifications, write them here. | | | | | | | | |
| **2** | Volunteer for International exchange activities | | | |  | | | | | | | | |
| **3** | Volunteer for homestay program | | | | \* Please complete the details below. | | | | | | | | |
| Family members | Name | | | Relationship | | | Gender | | Age | | Occupation | Languages |
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|  | | |  | | |  | |  | |  |  |
| Facilities/Surroundings | Bathroom | □ Japanese style  □ Western style | | | Bedroom | | | □Bed　□Futon　□According to request | | | | |
| Shower | □　Yes　　□　No | | | Pets | | | □Yes（Type：　　　inside/outside）□No | | | | |
| Smoker | □　Yes　　□　No | | | Nearest station  (Bus stop) | | | | | | (　　min on foot) | |
| Experiences | Client | | Nationality | | | Number of people | | | | Period | | |
|  | |  | | |  | | | | MM / DD / YYYY ~ MM / DD / YYYY | | |
|  | |  | | |  | | | | MM / DD / YYYY ~ MM / DD / YYYY | | |
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＜事務局記入欄＞ For office use only

|  |  |  |  |
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| 登録No. |  | | |
| 事務局長 | 事務局員 | 入力担当 | 受付担当 |
|  |  |  |  |