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| **美國德克薩斯大學大河谷分校志工基本資料表****Individual Data for Volunteer Students of UTRGV** |
| 個人資料 Email address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Line Id)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Personal Data (\*Optional or N/A)

|  |  |  |
| --- | --- | --- |
| 英文姓名Name in English |  First /Middle /Last (in Capital Letters) | 請附上個人相片Please attach a recent photo here |
| \*中文姓名Name in Chinese |   | 國籍Nationality |   |
| 語言程度Language Proficiency:優Excellent 好Good普通Normal |  | 華語Mandarin | 英語 English | \*其他Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 聽Listening |  | Excellent |  |
| 說Speaking |  | Excellent |  |
| 讀Reading |  | Excellent |  |
| 寫Writing |  | Excellent |  |

 |
| 緊急聯絡人（20歲以上）Relative or Friend for Emergency Contact (Above age 20)

|  |  |  |  |
| --- | --- | --- | --- |
| 姓名Name |  | 與本人關係Relationship |  |
| 電話Tel |  | 手機Cellular |  |
| 電子信箱Email |  |

 |
| 是否患有下列疾病？Do you have any of these diseases? No

|  |
| --- |
| □ 否 No□ 是(Yes)，請勾選下列項目 Yes, please check the following items |
| □ 高血壓 Hypertension□ 心臟腦血管病變 Cardio Vascular Disease□ 癲癇 Epilepsy□糖尿病 Diabetes□精神心理疾病 Psychogenic illness□氣喘病 Asthma□瘧疾 Malaria |
| □痼疾 Chronic Diseases, e.g. □過敏病症 Allergies; You are allergic to: □其他 Others:  |

 |
| 大學主修或輔修科目為何？What is your major or minor?

|  |
| --- |
| Major: Minor: |

 |
| 是否有任何特殊才藝？Do you have any special talents?

|  |  |
| --- | --- |
| * 說故事 Story Telling
* 樂器 Musical Instrument
* 歌唱 Sing
 | * 戲劇 Drama
* 球類 Sports
* 舞蹈 Dance
 |
| * 其他 Other:
 |

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| 個人簡介Brief Introduction of Yourself (e.g. hobbies, pets, favorite food, etc.)

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|              |

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* Please complete this form above and email to cieetrc1@gmail.com, email subject: Name + 2017 Summer Camp (e.g. Frede\_2017 Summer Camp)
* If there are any questions, please feel free to contact by email: cieetrc1@gmail.com