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

* Please complete this form above and email to [cieetrc1@gmail.com](mailto: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