

CHAOYANG UNIVERSITY OF TECHNOLOGY

APPLICATION FORM FOR 2020 SUMMER VOLUNTEER ABROAD PROGRAMS

Personal Information Privacy Statement : For recruiting international volunteers, we have to collect students' data. Please read the Announcement of personal data collecting, processing and using of Application Form For 2019 Volunteer Abroad in detail.

Name		Date of Birth		Photo			
Student ID		Gender					
Department		Grade				Class	
E-mail		Cell Phone Number					
Diet	<input type="checkbox"/> Vegetarian <input type="checkbox"/> Non-Vegetarian		Smoke			<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>Which project do you prefer to involve? Please write down the number in (); "1" as your first preference, "2" as your second preference, and etc... Please don't write down any number which you would not like to join.</p> <p>() Indonesia () Vietnam () Tanzania</p>							
<p>What position do you prefer? Please write down the number in (); "1" as your first preference, "2" as your second preference, and etc.. Please don't write down any number in the section which you would not like to join.</p> <p>()Team Leader ()Activity and Teaching ()Administrative ()Translat</p>							
<p>How good is your English? Please write down from 0 to 5. "5" as you are excellent in English, "0" as you can't use it.</p> <p>Listening() Speaking() Reading() Writing()</p>							
<p>Any other Languages do you speak?</p>							
<p>What is your motivation for joining this project?</p>							
<p>What knowledges which may progress for the project do you have? Please describe it.</p>							
<p>What skills which may progress for the project do you have? Please describe it.</p>							
<p>What experiences which may progress for the project do you have? Please describe it.</p>							
<p>Do you have any disease and allergy history? <input type="checkbox"/>YES <input type="checkbox"/>NO</p>							
<p>Interview time : <input type="checkbox"/>3/24 08:00-12:00 <input type="checkbox"/>3/24 14:00-17:00 <input type="checkbox"/>3/24 18:00-2100 <input type="checkbox"/>3/25 08:00-12:00 <input type="checkbox"/>3/25 14:00-17:00 <input type="checkbox"/>3/25 18:00-2100 <input type="checkbox"/>3/26 08:00-12:00 <input type="checkbox"/>3/26 14:00-17:00 <input type="checkbox"/>3/26 18:00-2100</p>							

Parent/Guardian's signature of consent for this page: _____, _____(Date)

I have fully understood the Personal Information Privacy Statement and declare the data I provided are all true.

Applicant Signature: _____, _____(Date)