附件：

**2017年声学会议志愿者报名表**

No.

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **姓 名** | |  | **性　别** |  | | **照片** | |
| **政治面貌** | |  | **专　业** |  | |
| **志愿者类型（所选组别）** | |  | **学 号** |  | |
| **联系方式** | |  | **是否服从调剂** | | **□服从 □不服从** | |
| **个人简历** |  | | | | | | |
| **志愿服务经历** |  | | | | | | |