**附件三:**

**苏州大学医学部“先进志愿服务集体”申请表**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **集体名称** |  | | | | | | |
| **负责人** |  | | | **联系方式** | |  | | |
| **成立时间** |  | **成立时长** |  | | **人均志愿时间** | |  |
| **集体简介** |  | | | | | | |

1. **志愿服务举办情况（如有，请填写）**

**常规活动**

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| **活动名称** | **成立时长** | **举办频率** | **志愿时间** | **每次参加人数** |
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**特色活动**

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| **活动名称** | **成立时长** | **每次参加人数** | **人均志愿时间** |
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1. **志愿服务集体事迹（2016-2017）**

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| --- |
| （不少于800字） |