**Notification of volunteer activities in areas affected by natural disasters**

Date

To: YNU President

Undergraduate /

Graduate School

Student ID No.

Name

Tel:

Email

Emergency Contact Address

I notify that I will participate in volunteer activities as follows;

|  |  |  |  |
| --- | --- | --- | --- |
| Place or area of  Activity |  | Volunteer  Insurance | Y / N |
| Scheduled activities |  | | |
| Schedule | From (date) to (date) | | |
| Name of Host  Organization |  | | |
| No. of person  participating | ( M: F: ) | | |
| List of Participants | Please fill in the list backside or add an attachment | | |

\* Submit this notification to the office of your undergraduate / graduate school.

\* Submit this notification at least 7 days before participation.

\* Please attach a pamphlet of the host organization.

< List of Participants >

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Student ID No. | Name | Tel | Email | Emergency Contact |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |