Volunteer Activity Form

Date (MM DD, YYYY):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To: The Director of the Student Services Department

Affiliation:

School:

Department/Graduate Major:

Student ID number:

Name: Seal

Mobile phone number:

Home phone number:

I hereby request approval to take part in the volunteer activities specified below.

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| --- | --- |
| Period | From / / to / /  (MM) (DD) (YYYY) (MM) (DD) (YYYY) |
| Locality (town or area name) |  |
| Contact details at volunteer activity site |  |
| Volunteer center at which you will register (if known) | Volunteer Center |
| Name of organization for which you will do volunteer work | Council of Social Welfare / Japanese Red Cross Society /  Other (please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Insurance  (tick all boxes of those in which you will enroll) | Disaster and Accident Insurance for Students (GAKKENSAI) □  Personal Liability Insurance for Students (GAKKENBAI) □  Volunteer Insurance □　(Name of insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_) |
| Meals and location of accommodations | Meals are provided □ Meals are not provided □  Location of accommodations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Activity Details | Required □  Extracurricular □  Provide detailed information on volunteer activities. Please be as specific as possible. |

**Note  
1. Disaster and Accident Insurance for Students (GAKKENSAI) and Personal Liability Insurance for Students (GAKKENBAI) will only apply to those who engage in formal volunteer activities.**

**2. Informal volunteer activities (personally registered volunteer work) will not count toward fulfilling regular course requirements.**

**3. Students must not forget to enroll in volunteer activity insurance before taking part in volunteer work.**

Approval of the department chair, Chair of First-Year Studies, or Academic Advisor (for undergraduate students)  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_　　Seal

Approval of academic supervisor (for graduate students)  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_　　 Seal