Volunteer Activity Form

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

To: The Director of the Student Services Department

Affiliation:

Student ID number:

Name: Seal

Mobile phone number:

Home phone number:

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

|  |  |
| --- | --- |
| Period  | From to (MM DD , YYYY) |
| Locality  |  |
| Contact details at volunteer activity site |  |
| Volunteer Center at which you will register | 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 boxes of those in which you will enroll) | Disaster and Accident Insurance for Students □Personal Liability Insurance for Students □Volunteer Insurance □　(Name of insurance:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)  |
| Meals and location of accommodations | Meals are not provided □Location of accommodations:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Details  | Provide detailed information on volunteer activities.Is the volunteer activity a formal activity that fulfills regular course requirements?Yes□ No□  |

Note
1. Disaster and Accident Insurance for Students and Personal Liability Insurance for Students 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 Chair of Department or Head of Academic Group (for undergraduate students)
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_　　Seal

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