

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 <input type="checkbox"/> Personal Liability Insurance for Students <input type="checkbox"/> Volunteer Insurance <input type="checkbox"/> (Name of insurance: _____)		
Meals and location of accommodations	Meals are not provided <input type="checkbox"/> Location of accommodations: _____		
Details	Provide detailed information on volunteer activities. Is the volunteer activity a formal activity that fulfills regular course requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>		

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