慈善终端红益博爱服务队公益志愿者政审表

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| 姓名 | | |  | | 性别 | | |  | | | 籍贯 | |  | 1寸照片 |
| 出生年月 | | |  | | 政治面貌 | | |  | | | 民族 | |  |
| 婚姻状况 | | |  | | 健康状况 | | |  | | | 学历 | |  |
| 毕业院校 | | |  | | | | 联系电话 | | |  | | | |
| 现详细住址 | | |  | | | | 身份证号码 | | | | |  | | |
| 个人简历 | | 起止年月 | | | 教育（工作）经历及职务 | | | | | | | | | 证明人 |
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| 家庭成员及主要社会关系 | 关系 | | | 姓名 | 出生年月 | 政治面貌 | | | 工作单位及职务 | | | | | |
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| 审核意见 | | | |  | | 审核人 | | |  | | | | | |

推荐（担保）人签字：