附件

2018年“学雷锋”志愿服务活动信息报送表

所在院系（盖章）： 负责人（签字）：

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **日期** | **主办单位** | **活动主题** | **活动内容** | **参与人数** | **服务范围或人数** | **联系人电话** |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| … |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |