

# Buddhist Tzu Chi Foundation Commissioner/Faith Corps Training Application Form

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**Directions**

**1. Flag Description:**     Mandatory for Commissioner     Mandatory for Faith Corps

**★ For Certified Commissioner or Faith Corps who are re-entering training**

**2. All dates should follow Western calendar. This document contains 5 pages.**  
**3. Please enclose a hard copy of a 600-word or more autobiography. Also email a copy by attachment (in Word format). The electronic copy should be emailed to training responsible.**  
**(Name: \_\_\_\_\_ E-mail: \_\_\_\_\_)**

I. Application Category:     Training for Commissioner     Training for Faith Corps

II. ★ Commissioner Number: \_\_\_\_\_ Faith Corps Number: \_\_\_\_\_

III. Community Volunteer Information:

1. Unity Team (Region): \_\_\_\_\_ Harmony Team: \_\_\_\_\_

Mutual Love Team: \_\_\_\_\_ Concerted Effort Team: \_\_\_\_\_

2. Unity team leader: Name: \_\_\_\_\_ Badge number: \_\_\_\_\_ Tel: \_\_\_\_\_

IV.  Commissioner Mentor: Name: \_\_\_\_\_ Badge number: \_\_\_\_\_ Tel: \_\_\_\_\_

If in a different area, please ask your team or United Team's assistance to recommend you to be a commissioner of Mutual Love team (or Harmony Team). Your reference of the senior commissioner should fill out the followings:

Mutual Love (or Harmony) Team Mentor:

Name: \_\_\_\_\_ Badge number: \_\_\_\_\_ Tel: \_\_\_\_\_

Sponsor: Name: \_\_\_\_\_ Badge number: \_\_\_\_\_ Tel: \_\_\_\_\_

If a female member or in a different area, please ask the team or Unity team's assistance to recommend you to be a Faith Corps member of Mutual Love team (or Harmony team). Your direct reference should fill out the followings:

Mutual Love (or Harmony) Team Sponsor:

Name: \_\_\_\_\_ Badge number: \_\_\_\_\_ Tel: \_\_\_\_\_

V.  Fundraising Number: \_\_\_\_\_  Donating Member Number: \_\_\_\_\_

<b>VI. Personal Information (* Mandatory)</b>				
Chinese name (if applicable)		English name (as in passport)	First Name	Surname
Dharma name		* Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female

VI. Personal Information (* Mandatory)					
* Birthday	___ / ___ / _____	Blood Type	□A □B □O □AB □Other ___		
* ID Number		Marital Status	□Single □Married □Other	Please attach a 2 inch photo at your application  (If recommended for certification, please attach 2 inch photo in uniform)	
* Highest Education	<input type="checkbox"/> None <input type="checkbox"/> Self-study <input type="checkbox"/> Primary school <input type="checkbox"/> Middle School <input type="checkbox"/> Vocational high school <input type="checkbox"/> Associate degree <input type="checkbox"/> Bachelor Degree <input type="checkbox"/> Master degree <input type="checkbox"/> Doctoral degree School: _____ Department/Major: _____				
Employer		Position			
* Emergency Contact		Relation-ship		Contact Tel	
Email					

VII. Contact Information (* Mandatory)	
* Home Address	
Business Address	
* Telephone	(Home) _____ (Company) _____ (Fax) _____ (Cell) _____

**VIII. Relatives: E.g. parents, spouse and children agree to provide contact information for Tzu Chi activities or care for Tzu Chi Dharma family. Please fill out the followings and sign at your own will (excluding the diseased).**

Relation	Name (Signature)	Birth Date	ID Number	Comm. Number	Faith Corps Number	Honorary Board Number	Tel
Spouse							


IX. Interested to Participate in:	
Type of Mission	Checklist
Charity	<input type="checkbox"/> Case visit <input type="checkbox"/> Chanting <input type="checkbox"/> Recruitment <input type="checkbox"/> Cleaning <input type="checkbox"/> Fundraising <input type="checkbox"/> Senior care <input type="checkbox"/> Cooking <input type="checkbox"/> Youth care <input type="checkbox"/> Hair dressing <input type="checkbox"/> Construction <input type="checkbox"/> Water & Electricity Repair
Medicine	<input type="checkbox"/> Bone marrow and umbilical cord blood donation advocacy and care <input type="checkbox"/> Community blood pressure service, and health education <input type="checkbox"/> Free clinic (Medical profession: _____)

X. Specialized skills	
Skill type	Skill Checklist
Language	<input type="checkbox"/> Mandarin <input type="checkbox"/> Hakka Dialect <input type="checkbox"/> English <input type="checkbox"/> Japanese <input type="checkbox"/> Spanish <input type="checkbox"/> Taiwanese <input type="checkbox"/> Cantonese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Aboriginal dialect
Computer	<input type="checkbox"/> Word Processing <input type="checkbox"/> Web programming <input type="checkbox"/> Web design <input type="checkbox"/> Programming <input type="checkbox"/> File Processing <input type="checkbox"/> Web articles <input type="checkbox"/> Interview writing <input type="checkbox"/> Hardware maintenance
Activity	<input type="checkbox"/> Sign Language <input type="checkbox"/> Activity planning <input type="checkbox"/> Retreat leadership <input type="checkbox"/> Singing <input type="checkbox"/> Drama performance <input type="checkbox"/> Health exercises
Art craft	<input type="checkbox"/> Graphic design <input type="checkbox"/> Fine crafts <input type="checkbox"/> Art editor <input type="checkbox"/> Poster art
Television	<input type="checkbox"/> Photography <input type="checkbox"/> Sound Recording <input type="checkbox"/> TV interview <input type="checkbox"/> Host Program <input type="checkbox"/> Videography <input type="checkbox"/> Music composing <input type="checkbox"/> Video/sound editing
Health Care	<input type="checkbox"/> Doctor <input type="checkbox"/> Technician <input type="checkbox"/> Nurse <input type="checkbox"/> Psychological Counseling
Driving	<input type="checkbox"/> Minibus <input type="checkbox"/> 9-seat van <input type="checkbox"/> 12-seat Van <input type="checkbox"/> Heavy Machinery
Music	<input type="checkbox"/> Writing lyrics <input type="checkbox"/> Composing <input type="checkbox"/> Singing <input type="checkbox"/> Musical instrument ( _____ )
Translation	<input type="checkbox"/> English-Chinese <input type="checkbox"/> Chinese-English <input type="checkbox"/> Spanish-English <input type="checkbox"/> English-Spanish <input type="checkbox"/> Other( _____ )
Construction	<input type="checkbox"/> Water/electricity <input type="checkbox"/> Concrete <input type="checkbox"/> Architectural design <input type="checkbox"/> Interior design <input type="checkbox"/> Painting <input type="checkbox"/> Civil engineering <input type="checkbox"/> Carpentry <input type="checkbox"/> Landscaping <input type="checkbox"/> Contractor
Editing	<input type="checkbox"/> Primary school education material <input type="checkbox"/> Magazine <input type="checkbox"/> Article editing <input type="checkbox"/> High school education material <input type="checkbox"/> Book editing
Fine Arts	<input type="checkbox"/> Drawing <input type="checkbox"/> Sculpture <input type="checkbox"/> Calligraphy <input type="checkbox"/> Illustration <input type="checkbox"/> Play <input type="checkbox"/> Ceramics <input type="checkbox"/> Setting <input type="checkbox"/> Cartoon
Other	<input type="checkbox"/> Accounting <input type="checkbox"/> Gardening <input type="checkbox"/> Crafts <input type="checkbox"/> Tea Ceremony <input type="checkbox"/> Cooking <input type="checkbox"/> Flower Arrangement <input type="checkbox"/> Locksmith <input type="checkbox"/> _____
Education	<input type="checkbox"/> Happy Campus Program <input type="checkbox"/> Student tutoring <input type="checkbox"/> Character Education
Humanity	<input type="checkbox"/> Typing <input type="checkbox"/> Document editing <input type="checkbox"/> Video editing <input type="checkbox"/> Recycling <input type="checkbox"/> Gardening <input type="checkbox"/> Photography <input type="checkbox"/> Culture promotion <input type="checkbox"/> Calligraphy <input type="checkbox"/> Tea Party <input type="checkbox"/> Translation <input type="checkbox"/> Illustration

### XI. Volunteer Experience

Community volunteer	From date: __ / __ / __	Area	Harmony_____ Mutual Love _____ Concert Effort_____
Reference name		Badge number	
Training	From date: __ / __ / __	Area	Harmony_____ Mutual Love _____ Concert Effort_____
Reference name		Badge number	
Certification training	From date: __ / __ / __	Area	Harmony_____ Mutual Love _____ Concert Effort_____
Reference name		Badge number	

### XII. Volunteer Vest and Glass Beads Size

**(Please check after measure regarding to vest size. Thanks!)**

Volunteer vest: M L 2L 3L 4L 5L    Already Received    Duplicate

Prayer beads: XS-15.5cm S-16.5cm M-18cm L-19.5cm XL-20.5cm

Already received (If you have received beads, please do not reapply.)

### XIII. Availability for Tzu Chi Activities (Please check all that apply. Thank you!)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

**XIV. Self-reflection: (Please provide honest self-reflection from 0 to 100% )**

Tzu Chi Ten Precepts	Observe Precept %
No killing	
No stealing	
No sexual misconduct	
No lying	
No drinking	
No smoking or narcotics	
No gambling or speculating	
Practice filial piety and develop pleasant manners and speech	
Abide by traffic rules	
No participation of political activities and protest	
Vegetarian (percentage)	

XV. Practical Training includes fundraising and personally taking part in Tzu Chi's Four Missions and Eight Dharma Footprints

In order to take into account constraints from family and career and give time to perfect Tzu Chi Missions and develop wisdom-life, the practical training can be chosen for completion in one or two years. Please select:  1 year  2 years

XVI. Sponsor Signatures:

©Commissioner Mentor: \_\_\_\_\_

ⓉSponsor: \_\_\_\_\_

Mutual Love Team Mentor/Sponsor: \_\_\_\_\_

Concerted Effort Team Leader: \_\_\_\_\_

**©ⓉHereby I agree for the above personal information to be used for contact whenever needed for Tzu Chi-related activities, volunteer team operations, and development of volunteer services.**

Signature:

(Please sign in person)

\_\_\_\_\_