



DATE	DD/MM/YY		
NOMINATION TYPE	<input type="checkbox"/> Intern Commissioner		<input type="checkbox"/> Intern Faith Corps
He Shin	He Chi	Hu Ai	Xie Li

MENTOR I (leave blank if you do not yet have a Mentor)

Name	Name (CHINESE)		
Phone	SKYPE ID		
Dharma Name	Donor ID	Volunteer ID	
E-mail	Signature		

MENTOR II (leave blank if you do not yet have a Mentor)

Name	Name (CHINESE)		
Phone	SKYPE ID		
Dharma Name	Donor ID	Volunteer ID	
E-mail	Signature		

APPLICANT TRAINEE

Name	Name (CHINESE)		
Phone	SKYPE ID		
Birth Date (mm/dd/yy)	Donor ID (if assigned)	Volunteer ID (badge number)	
Address	E-mail		
I have held a Volunteer ID for at least six months: YES <input type="checkbox"/> NO <input type="checkbox"/>	I have accumulated 100 or more Tzu Chi Community Service Hours: YES <input type="checkbox"/> NO <input type="checkbox"/>		
QUESTIONS? Info@TzuChiEnglish.org	Signature		