第８期「札幌市介護保険事業計画推進委員会」市民委員

**応 募 用 紙**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ﾌﾘｶﾞﾅ |  | | | 性　別 | 男・女 | | 生年月日 | | 明大昭平 | 年 　　月 　　日 | |
| 氏　名 |  | | |
| 自宅住所 | | 〒　　　－ | | | | | | 職　業 | | |  |
| 電話　　　　－　　　　－ | | | | | |
| 勤務先住所 | | | 〒　　　－ | | | | | | | | |
| 電話　　　　－　　　　－ | | | | | | | | |
| 応募資格　※該当するものに「✓」をつけてください。 | | | | | | | | | | | |
| □　介護保険サービス利用者 | | | | | | □　介護保険サービス利用者のご家族 | | | | | |
| □　住民組織、ボランティア、特定非営利活動法人などの活動で介護に携わった経験のある方 | | | | | | | | | | | |

**自 己 推 薦 文**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| ※「介護保険制度」または「高齢福祉」に関することをテーマとして、400字程度でお書きください。 | | | | | | | | | | | | | | |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

（裏面へ続きます。）

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  | 400 |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
|  |  | |  |  |  |  |  |  |  | |  |  |  |  |  |  |
| 福祉に関する活動歴 | | 内　　容 | | | | | | | | 期　　間 | | | | | | |
|  | | | | | | | |  | | | | | | |
|  | | | | | | | |  | | | | | | |
|  | | | | | | | |  | | | | | | |

　　　　　　　　　　　　※本様式と同様の内容が含まれていれば、様式は問いません。