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| **“2016 OKFriends HomeComing”**  ***Application Form*** | | | | | | | | |
| **Name** | | **(Korean)** | | | | | **Photo** | |
| **(English)** | | | | |  | |
| **(Native language)** | | | | |
| **Date of Birth** | | **year month date** | | | | |
| **Gender** | | **□ Male □ Female** | | | | |
| **Nationality** | |  | **Place of Residence** | |  | |
| **The near Embassy or Consulate** | |  | | | | |
| **Passport NO.** | |  | | **(Date of Issue) (Date of expiry)** | | |  | |
| **Tel** | |  | | **FAX** | | |  | |
| **E-mail** | |  | | **Mobile** | | |  | |
| **The Name of School** | |  | | **Grade/Major** | | |  | |
| **Type of Student** | | **□ Middle □ High □ University** | | | | | | |
| **Language Ability** | | **Native Language :** | | | | | | |
| **Korean : □ Fluent □ Good □ Fair □ Poor** | | | | | | |
| **English : □ Fluent □ Good □ Fair □ Poor** | | | | | | |
| **Health** | | **Did you have any health problem, recently? □ Yes □No**  **‘If Yes’ →**  **Dietary restrictions :**  **Allergies or Medical conditions :** | | | | | | |
| **Emergency Contact**  **in Korea** | **Name** |  | | | | **Relationship** | |  |
| **Tel** |  | | | | | | |
| **Address** |  | | | | | | |
| **Did you participate in this program in the past? □ Yes (** **year ) □ No**  **How did you know about this program?** | | | | | | | | |
| **Etc** | | **※ Skills, Volunteer Experience and Etc.** | | | | | | |

**※반드시 워드로 작성**