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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2022 Medical Gyeonggi Social Media Reporter Application** | | | | | | | |
| **[Photograph]** | | **Name** | First Name |  | Date of Birth | |  |
| Last Name |  | **E-mail** | |  |
| Mobile Number | | 010- |
| Address | |  | | | |
| **Experience** |  | **Name of Organization** | | **Description** | | **Duration (yyyy.mm.dd – yyyy.mm.dd)** | |
| Ex) Ambassador for other organizations, reporter activities, etc. | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
| **Personal Social Media Accounts** | **Name of Channel** | | | **Address (URL)** | | **Follower Number** | |
|  | | |  | | Ex) 100,000 | |
|  | | |  | |  | |
|  | | |  | |  | |
| **Awards** | **Institution** | | | **Name of Award** | | **Description** | |
|  | | |  | |  | |
|  | | |  | |  | |
| **Clubs, Extracurricular Activities** | **Name of Club/Organization** | | | **Duration** | | **Description** | |
|  | | |  | |  | |
|  | | |  | |  | |
|  | | |  | |  | |
| **Please briefly fill out the above.**  **(Month) (Day), 2021** | | | | | | | |