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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**    |