附件1：

“健康安全普及月”活动计划表

**填报单位:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **志愿者组织名称** | **活动/项目名称** | **活动地点** | **活动时间** | **活动内容概述** | **合作单位** | **拟邀请领导** | **联络员** | **联系方式** | **参与志愿者数** | **拟提供志愿服务人次** | **拟提供志愿服务总时数** |
| 1 |  |  |  |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |  |  |  |  |  |

注：请于19日前报送至hdzyzlhh@126.com