附件1

省教科文卫体工会疫情防控心理咨询志愿者登记表

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 部门或单位 | 姓名 | 性别 | 职称 | 固话 | 手机 |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

注：具备心理咨询师证书。