附件3

“志暖夏凉”

关爱社区困难长者主题志愿服务活动服务对象名单

**机构名称（盖章）： 联系人: 联系电话：**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **序号** | **姓名** | **性别** | **年龄** | **电话** | **服务对象类别** | **所属街道** | **居住地址** | **身体状况** | **备注** |
| 1 |  |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |  |
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注：“服务对象类别”根据服务对象困难情况填写，例如“城镇“三无”、农村五保、低保低收、优抚、残障、留守等长者”