**附件1：**

**“小小志愿者”活动试点城市申请表**

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| --- | --- | --- | --- |
| **城市名称** |  | | |
| **少工委负责人** |  | | |
| **联系人** |  | **办公电话** |  |
| **手机号** |  | **微信号** |  |
| **地址邮编** |  | | |
| **申请试点城市理由：** | | | |
| **省级少工委意见：**  **年 月 日** | | | |