



# 南加州中文學校聯合會

2005 中華文化青少年夏令營輔導員申請表 SCCC'S Chinese Culture Summer Camp Counselor Application Form **PLEASE PRINT**

本表填妥後，須於5月1日前（郵戳為憑）寄：姜敏輝校長，Mrs. Annie Gi, 724 S. Grove Street, Redlands, CA 92374

\*輔導員申請人必須為年滿十八歲、高中十二年級應屆畢業生或大學生以上，品行優良，身體健康之男女青年。

申請人 中文姓名	申請人 英文姓名		性 別	男 女	出生 日期	/ / Month/ Date/ Year	
住宅電話 H. Phone	( ) - ( ) - ( )		Email address	手機電話 Cell Phone		( ) - ( ) - ( )	
中文學校 校 名			<input type="checkbox"/> 會員學校 <input type="checkbox"/> 非會員學校	中文： <input type="checkbox"/> 聽 <input type="checkbox"/> 說 <input type="checkbox"/> 讀 <input type="checkbox"/> 寫	飲食 限制	<input type="checkbox"/> 不要素食 <input type="checkbox"/> 我要素食	
美國學校 校 名			就讀 年級	才藝			
			T-Shirt Size	Adult size: <input type="checkbox"/> S, <input type="checkbox"/> M, <input type="checkbox"/> L			
參加社團與擔任職務經歷 Valuable Extra-curriculum Activities & Position	社團名稱		職稱				
NOTE: Reply in English is OK.							
我將如何做個稱職的輔導員? What would I do to contribute to this summer camp as a counselor?	NOTE: Reply in English is OK.						
推薦人中文姓名	推薦人所屬團體		推薦人職稱		推薦人聯絡電話		

Applicant please note:

This is a voluntary work. We appreciate your decision to volunteer for the children in the community. You, as the applicant, wish to become a counselor at summer camp. By signing below, you agree to abide by all regulations and rules set by SCCC'S and/or Cedar Lake Camp. SCCC'S will interview all eligible applicants like you on the same date to select and assign several counselors to work on different jobs. Once you were selected, you agreed to attend two 3-hours meetings (both meetings will be in June) for orientation and job assignment.

## Consent, Claim Waiver, Authorization for Emergency / Medical Care and Photo Release

I \_\_\_\_\_ (Please Print), The parent of the above named applicant do hereby give permission as required by law to participate in the Chinese Culture Summer Camp (from 6/26/2004 to 7/01/2004) sponsored by the Southern California Council of Chinese Schools (SCCCS). The above minor has no special health needs the staff should be aware of and no medication is required for him/her in the camp. The minor is in excellent physical condition to participate in hiking, team sports, boating, and all other camp activities. Should he/She becomes ill or injured at the camp, may receive necessary first aid or medical attention by a licensed physician or nurse, or be admitted to a hospital in case of an emergency. This authorization is remains effective only for the event and time period specified above.

I do further agree to indemnify and save harmless the SCCC'S and all officers, employees, and volunteers thereof, from all suits or actions for liabilities of any of the above activities and medical aid rendered. I understand these activities are voluntary and he/she has my consent to participate in it. I also understand that there are certain risks involved in this activity, including, but not limited to, accidents, injuries, illness or death while traveling to and from said activity, and/or in the course of the activity, and/or the potential for property damage and/or loss. I also agree to reimburse SCCC'S for medical or other expenses incurred in his/her care.

By signing below, I also grant to the SCCC'S the right and permission to use and publish the photos made during my child/ren visit to any camp activities. I hereby release the SCCC'S from any and all liability from such use and promotion. I specifically waive any right to any compensation I may have for any of the foregoing.

Family Health/Accident Insurance Co. \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian

Signature:

Date:

Applicant

Signature:

Date:

本欄由本會填寫 收件時間 2005 年 月 日 AM/PM

☐錄取 ☐備取

組別：

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