



南加州中文學校聯合會

華裔青年志工暑期海外服務申請表

Please submit this completed application no later than: May 7, 2005

Mail to: SCCCS, Volunteer Program, 15920 Halliburton Rd., Hacienda Heights, CA. 91745

申請人中文姓名 _____ 英文全名 _____ 性別: 男 女

住址 _____
Street City State Zip

國籍: 美國 其他 _____ (須註明) 出生地: _____ 居留: 在美國已 _____ 年

生日: ____ / ____ / ____ 聯絡電話: (____) _____ Email: _____

家長中文姓名: _____ 英文姓名 _____ 手機: (____) _____

日間聯絡電話: (____) _____ 夜間聯絡電話: (____) _____

其他非居住同地址之緊急連絡人*: _____ 與申請人的關係: _____

緊急連絡人日間聯絡電話: _____ 夜間聯絡電話: _____

緊急連絡人地址: _____

就讀年級 _____ 就讀學校 _____

學校地址 _____
Street City State Zip

嗜好 _____ 擅長運動 _____ 才藝成就 _____ 其他專長 _____

Talent Awards: _____

高中學業平均成績 GPA _____, SAT I _____ (____ / ____) PSAT _____ (____ / ____)
Unweighted, A=4.0 Month Year Month Year

曾就讀中文學校 _____ 年, 自 ____ / ____ 到 ____ / ____, 學校名稱 _____

將機票款與保險費繳給中文學校聯合會 募款 \$ _____ 轉交中文學校聯合會做為活動經費

活動結束後, 將學生送台北直接交給 _____, ID# _____, 電話 _____

本身有醫療險可負擔或自行負擔非意外造成的醫療費用(指因一般疾病衍生的醫療費用)。

If you answer "Yes" to any of the items below, please use the space provided to explain your answer. Please attach an additional sheet if necessary.

Yes No Does the student have any health or psychological problems, mobility limitations, allergies, sight or hearing limitations or any other medical conditions? _____

Yes No Is the student currently taking any prescribed medication? _____

Yes No Does the student have any dietary requirements? _____

Authorization:

I represent that all statement made herein are true and correct. I also declare that the above name student is in good physical condition and has medical insurance coverage. In case of illness or accident, SCCCS has my authority to secure necessary medical attention. I will release SCCCS or its officers, directors, agents, activities sponsors, teachers and/or volunteers from any and all liabilities arising out of Student's participation in this program, and each further agrees to indemnify and hold harmless SCCCS and its officers, directors, agents, activities sponsors, teachers and/or volunteers for any loss, damage, cost, or expenses which SCCCS may incur which are caused directly or indirectly by the actions of the student. In case of medical aid rendered, I will reimburse SCCCS for medical and other expenses incurred in his/her case. And, I am hereby waiving all claims against SCCCS, its sponsors, officers, agents and/or schools for illness, injury or death occurring in this program.

I understand that the volunteer activity is a teaching program and as such demands the highest standards of behavior. I will conduct myself in a manner that will contribute to a sense of community among all participants and foster an atmosphere of mutual respect. I agree that I will not use tobacco, alcohol or non-prescription controlled substances during the program. I will not bring or use any items reasonably considered a weapon and I will not engage in any threatening behavior or physical altercations while at the volunteer activity. I also agree to follow the instructions of the program staffs at all times, participate in all activities, not leave the Group at any time during the program and abide by the program curfew. I understand that an infraction of these rules may result in my immediate dismissal, denial of certificate of completion/volunteer hours, return home at my expense.

Signature of Parent _____ Signature of Student _____

*緊急連絡人可以是台灣的親友。 **另請上網 scccs.com 的志工活動項目內, 查詢其他相關資料。