



# 南加州中文學校聯合會

## 參加海外服務營輔導教師志工申請表

Please submit this completed application no later than: May 17, 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

年齡: \_\_\_\_\_ 聯絡手機: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

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: \_\_\_\_\_

工作簡歷: \_\_\_\_\_

專長: \_\_\_\_\_

無 有在中文學校任職的推薦人? 推薦人姓名 \_\_\_\_\_ 中文學校 \_\_\_\_\_

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

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 applicant 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.

Signature of Applicant \_\_\_\_\_

\*緊急連絡人可以是台灣的親友

\*\*另請上網 [scccs.com](http://scccs.com) 查詢其他相關資料