



# 南加州中文學校聯合會 2013 年中華文化青少年夏令營

## 2013 SCCCS Chinese Culture Summer Camp

### 輔導員申請表 ( Counselor Application Form ) please type or print

本表須於 **5月10前** 寄至召集人孫相治, 5461 Marview Dr. La Palma, CA 90623

輔導員資格：須為品行優良，身心健康之高中應屆畢業生或大學生。最好曾參與本會舉辦之夏令營。

申請人 中文姓名	申請人 English name	性別	男女	出生 日期	/ / Month/ Date/ Year
社福號碼 Social S. #	住宅電話 H. Phone	( ) -	手機電話 Cell Phone	( ) -	Email:
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 英文： <input type="checkbox"/> 聽 <input type="checkbox"/> 說 <input type="checkbox"/> 讀 <input type="checkbox"/> 寫	制服 尺寸	S M L XL	飲食 限制
US School Name	就讀 年級	才藝			<input type="checkbox"/> 不要素食 <input type="checkbox"/> 我要素食
參加社團與擔任職務經歷 Valuable Extra-curriculum Activities & Position	社團名稱 (club name)			職稱 position	
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.	我曾參加_____年本會夏令營				
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		

茲聲明本表所填各項屬實，我身心健康，我的父母也同意我申請於 **6/29/2013-7/6/2013** 期間擔任貴會夏令營輔導員，如獲聘任，將準時參加訓練 9am-4pm(再安排日期)的營前講習及領導才能講習，接受訓其間表現順序決定錄取順序。活動期間將以認真負責、公平合理與親切和藹的態度照顧學員，並與貴會工作人員合作，遵守相關規定，讓學員有個快樂安全的夏令營。

我的父母與我並作如下聲明 《即 Authorization for Emergency / Medical Care and Claim Waiver 》

I \_\_\_\_\_ ( Print Parent Name ) request that the above-mentioned applicant be permitted to participate in the **Chinese Culture Summer Camp** (from 6/29/2013-7/6/2013) sponsored by the **Southern California Council of Chinese Schools (SCCCS)**. He/She is in excellent physical condition. 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 given pursuant to Section 25.8 of Civil Code of California and remains effective only for the event and time period specified above.

I will not hold SCCCS or its officers, teachers, and helpers liable for the above activity and medical aid rendered. I understand this activity is voluntary and he/she has my permission 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 will reimburse SCCCS for medical or other expenses incurred in his/her care

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

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_