



## CHCP MUSEUM HIGH SCHOOL AND COLLEGE STUDENT DOCENT APPLICATION FORM

Candidates applying for this program must be able to make a once a month commitment for at least 4 months beginning June 2017 and ending May 2018. Certificate of completion given after 20 or more hours of participation.

(PLEASE PRINT)

LAST NAME FIRST MIDDLE

ADDRESS

CITY STATE ZIP

PHONE CELL EMAIL

AGE

SCHOOL GRADE GPA

LANGUAGES YOU SPEAK (OPTIONAL)

PARENT OR LEGAL GUARDIAN NAME PHONE CELL

EMERGENCY CONTACT NAME PHONE CELL

I am available to participate in the Student Docent Program from: \_\_\_\_\_ to \_\_\_\_\_  
 Date (Month and Year) Date (Month and Year)

**Student Signature** **Date**

Waiver of Liability (Parent/Guardian must sign)

I consent to the above-named student participating in the Chinese Historical and Cultural Project (CHCP) activities, and I understand that I will assume the risk of accident or injuries sustained from whatever cause in connection therewith. I release History San Jose (HSJ), CHCP and its board members and staff from any liability involving any such accident or injury.

**Parent / Guardian Signature** **Date**

Mail this form along with your Letter of Recommendation (High School) / Letter of Reference (College, Club, Recognized Organization) to Ms. Teddy Sue at 1180 Paula Drive, Campbell, CA 95008 (fandtsue@sbcglobal.net)

Chinese Historical and Cultural Project (CHCP)  
 P.O. Box 5366, San Jose, CA 95150-5366



**CHCP MUSEUM PARENT TEAM VOLUNTEER APPLICATION FORM**

ADULTS APPLYING FOR THIS PROGRAM MUST BE WILLING TO PASS A BACKGROUND CHECK and be able to make a once a month commitment for at least 4 months beginning June 2017 and ending May 2018. Certificate of completion will be given to your student after 20 or more hours of participation.

(PLEASE PRINT)

\_\_\_\_\_  
 PARENT'S LAST NAME FIRST MIDDLE

\_\_\_\_\_  
 ADDRESS

\_\_\_\_\_  
 CITY STATE ZIP

\_\_\_\_\_  
 PHONE CELL EMAIL

\_\_\_\_\_  
 YOUR SON / DAUGHTER'S NAME AGE

\_\_\_\_\_  
 YOUR STUDENT'S SCHOOL GRADE GPA

\_\_\_\_\_  
 LANGUAGES YOU SPEAK (OPTIONAL)

\_\_\_\_\_  
 PARENT VOLUNTEER SIGNATURE DATE

\_\_\_\_\_  
 STUDENT VOLUNTEER SIGNATURE DATE

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 Parent Team Volunteer :  
 I am available to participate with my Son/Daughter in the Student Docent Program from:  
 \_\_\_\_\_ to \_\_\_\_\_  
 Date (Month and Year) Date (Month and Year)

Waiver of Liability (Parent/Guardian must sign)  
 I understand that by signing this waiver, that while I and/or my son/daughter participate in the Chinese Historical and Cultural Project (CHCP) activities, I understand that I will assume the risk of accident or injuries sustained from whatever cause in connection therewith. I release History San Jose (HSJ), CHCP and its board members and staff from any liability involving any such accident or injury.

\_\_\_\_\_  
 PARENT/GUARDIAN VOLUNTEER SIGNATURE DATE

Mail completed form to Ms. Teddy Sue at 1180 Paula Drive, Campbell, CA 95008  
 (fandsue@sbcglobal.net)  
 Chinese Historical and Cultural Project (CHCP)  
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