

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 2018 and ending May 2019. 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 (OPTION	NAL)			
PARENT OR LEGAL GUARDIAN NA	ME	PHONE	CELL	
EMERGENCY CONTACT NAME		PHONE		CELL
I am available to participate in t	the Student Docent Pro to	gram from	:	
Date (Month and Year)		Month and Y	'ear)	
Student Signature				Date
Waiver of Liability (Parent/Gua		o Hiotoriael e	nd Cultural	Drainet (CLICE)

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

Email completed form along with a copy of your Letter of Recommendation (High School) / Letter of Reference (College, Club, Recognized Organization) to CHCP Director Bozena Teo (bozena.teo@chcp.org).

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 2018 and ending May 2019. 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 (OPTIONA	AL)			
PARENT VOLUNTEER SIGNATU	RE	DATE		
STUDENT VOLUNTEER SIGNAT	URE	DATE		
Parent Team Volunteer : I am available to participate with	n my Son/Daughter in the Stud	lent Docent Program from:		
Date (Month and Year)		Date (Month and Year)		
Waiver of Liability (Parent/Guard I understand that by signing this waive Historical and Cultural Project (CHCP) injuries sustained from whatever cause and its board members and staff from	r, that while I and/or my son/daught activities, I understand that I will as e in connection therewith. I release	sume the risk of accident or History San Jose (HSJ), CHCP		
PARENT/GUARDIAN VOLUNTEE	R SIGNATURE	DATE		

Email completed form to CHCP Director Bozena Teo (bozena.teo@chcp.org).

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