



## CHCP HIGH SCHOOL AND COLLEGE STUDENT DOCENT PROGRAM (SDP) APPLICATION FORM

Candidates applying for this program must be able to commit to a minimum of 20 hours during the school year (June 2019 - May 2020). Certificate of completion given after 20 or more hours of participation.

(PLEASE PRINT)

\_\_\_\_\_  
LAST NAME FIRST MIDDLE

\_\_\_\_\_  
ADDRESS

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

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

\_\_\_\_\_  
AGE

\_\_\_\_\_  
SCHOOL GRADE GPA

\_\_\_\_\_  
LANGUAGES YOU SPEAK

\_\_\_\_\_  
FATHER'S NAME & CELL PHONE MOTHER'S NAME & CELL PHONE LEGAL GUARDIAN & CELL PHONE

\_\_\_\_\_  
EMERGENCY CONTACT NAME HOME PHONE CELL

\_\_\_\_\_  
Potential/actual reference name/association/contact info

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

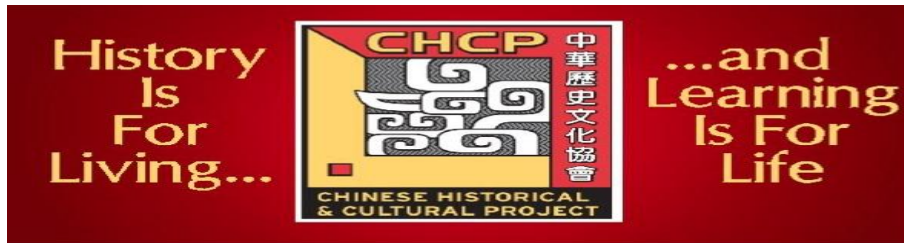
\_\_\_\_\_  
**Student Signature** **Date**

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 or Email completed application form with Letter of Recommendation (High School) / Letter of Reference (College, Club, Recognized Organization) to SDP Chair/CHCP Director Brenda Wong ([brenda.wong@chcp.org](mailto:brenda.wong@chcp.org)), 798 Terra Bella Dr., Milpitas, CA 95035; 408-946-4015.

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



## CHCP PARENT TEAM VOLUNTEER APPLICATION FORM

ADULTS APPLYING FOR THIS PROGRAM MUST BE WILLING TO PASS A BACKGROUND CHECK AS REQUIRED BY HISTORY SAN JOSE (HSJ). Volunteer time flexible, to be arranged with SDP Chair, June 2019 - May 2020.

(PLEASE PRINT)

PARENT'S LAST NAME	FIRST	MIDDLE
ADDRESS		
CITY	STATE	ZIP
HOME PHONE	CELL	EMAIL
YOUR SON / DAUGHTER'S NAME		AGE
YOUR STUDENT'S SCHOOL	GRADE	GPA
LANGUAGES YOU SPEAK		

**PARENT VOLUNTEER SIGNATURE** **DATE**

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**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**

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