# 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, which includes 10 hours as docents at the CAH Museum, 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

SCHOOL GRADE GPA AGE

LANGUAGES YOU SPEAK

FATHER'S NAME CELL PHONE EMAIL

MOTHER'S NAME CELL PHONE EMAIL

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), 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

Volunteer time for parents applying for this program is flexible, to be arranged with Student Docent Program (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

YOUR STUDENT'S SCHOOL GRADE GPA AGE

LANGUAGES YOU SPEAK

**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 or Email completed application form to SDP Chair/CHCP Director Brenda Wong (brenda.wong@chcp.org), 798 Terra Bella Dr., Milpitas, CA 95035; 408-946-4015.

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