CHCP HIGH SCHOOL AND COLLEGE STUDENT DOCENT CULTURAL AMBASSADOR PROGRAM (SDCAP) 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 2021 - May 2022). 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 Cultural Ambassador 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/Reference (High School, College, Club, Recognized Organization) to SDCAP 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

History Is For Living... CHCP 中華歷史文化協會 CHINESE HISTORICAL & CULTURAL PROJECT ...and Learning Is For Life

CHCP <u>PARENT TEAM</u> VOLUNTEER APPLICATION FORM

Volunteer time for parents applying for this program is flexible, to be arranged with Student Docent Cultural Ambassador Program (SDCAP) Chair, (June 2021 - May 2022).

(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**

- -

Parent Team Volunteer :
I am available to participate with my Son/Daughter in the SDCAP from:

________________________________ to ________________________________

Date (Month and Year) Date (Month and Year)

<u>Waiver of Liability (Parent/Guardian must sign)</u>

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 SDCAP Chair/CHCP Director Brenda Wong (brenda.wong@chcp.org), 798 Terra Bella Dr., Milpitas, CA 95035; 408-946-4015.

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