



Irvine Chinese School
 9 Truman
 Irvine, CA 92620
 (949) 559 6868 ext.545/510
 www.sccca.us

Summer Camp Volunteer Application

Applicant Information

Full Name:						Date:	
<i>Last</i>		<i>First</i>		<i>M.I.</i>			
Address:							
<i>Street Address</i>				<i>Apartment/Unit #</i>			
<i>City</i>				<i>State</i>		<i>ZIP Code</i>	
Phone: ()		E-mail Address:					
Have you ever volunteered here before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?			
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:			
List any special interests or hobbies:							
List any language you speak other than English:							
Education							
High School:				City:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year of graduation
College:				City:			
From:		To:		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year of graduation
Reference							
Referred by:						Phone: ()	
May we contact your reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	E-mail Address:			
In case of emergency contact:						Phone: ()	
Disclaimer and Signature							
<i>I certify that my answers are true and complete to the best of my knowledge.</i>							
Signature: _____						Date: _____	
Signature of Parent (if under 18): _____						Date: _____	
Parent Name: _____							



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****Please Write down the shifts number for the time you will commit to be a volunteer.****

1st Shift: 08:30 a.m. ~ 11:30 p.m.
2nd Shift: 11:30 a.m. ~ 02:30 p.m.
3rd Shift: 02:30 p.m. ~ 06:30 p.m.

Week	Dates	Mon	Tue	Wed	Thu	Fri
Week 0	6/16, 6/17					
Week 1	6/20~6/24					
Week 2	6/27~7/1					
Week 3	7/5~7/8	Holiday				
Week 4	7/11~7/15					
Week 5	7/18~7/22					
Week 6	7/25~7/29					
Week 7	8/1~8/5					
Week 8	8/8~8/12					
Week 9	8/15~8/19					
Week 10	8/22~8/26					
Week 11	8/29~9/2					
Week 12	9/6, 9/7					

EMERGENCY CONTACT FORM

Volunteer's Name: _____ Birth Date: ___/___/___

PARENT CONTACT INFORMATION:

Name: _____ Relationship to volunteer: _____

Emergency Day/Work Phone (_____) _____ Home Phone(_____) _____

Alternate Work/Cell # (_____) _____ Email : _____

Parents are called if the volunteer demonstrates signs of illness or injury suggesting a doctor's attention. Should parents be unreachable or in case of an emergency, the volunteer will be transported by paramedics to the nearest hospital.

ALLERGIES (Medical, Food, Environment, etc.) and Health Concerns:

Do you have updated immunization? Yes No

Pediatrician: _____ Phone (_____) _____ Med. Plan# _____

Address: _____ City: _____ Zip _____

Individuals (must be at least 18 years of age) to call in case Parents cannot be reached:

Name	Daytime Phone	Address	Relationship
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1. _____

2. _____

OUT-OF-STATE Disaster Preparedness Contact Person:

Name: _____ Phone:(_____) _____ Relationship: _____

(Please continue to next page)

MEDICAL/PHOTO RELEASE AND LIABILITY WAIVER FORM

PERMISSION TO OBTAIN MEDICAL TREATMENT:

I, the undersigned, give the staff of SCCCA/Irvine Chinese School permission to obtain whatever medical attention is needed, including emergency care and paramedics. I assume full financial responsibility for all medical expenses incurred.

Volunteer's Signature: _____

******* If the volunteer is under the age of 18, a parent or legal guardian must sign. *******

Parent's Signature _____ (if 18 or under) Date: _____

PHOTOGRAPH/VIDEO RELEASE STATEMENT:

I, the undersigned, hereby grant permission to SCCCA/Irvine Chinese School the right to use and copyright photographs/videos without restriction for any purpose such as (but not limited to) promotion, advertising, and public relations. I hereby release and discharge SCCCA/Irvine Chinese School from any and all claims and demands arising out of or in connection with the use of the photographs/videos, including any and all claims for libel.

Volunteer's Signature: _____

******* If the volunteer is under the age of 18, a parent or legal guardian must sign. *******

Parent's Signature _____ (if 18 or under) Date: _____

LIABILITY WAIVER:

I, the undersigned, hereby waive, release and hold harmless to the South Coast Chinese Cultural Association/ Irvine Chinese School and its agents, employees and representatives (collectively, "SCCCA / ICS") from any and all claims, liabilities, injury and loss that may result from my participation in volunteer activities at SCCCA / ICS, regardless of whether resulting from any negligence of SCCCA / ICS. I further agree to indemnify SCCCA / ICS from all claims and liabilities that may result from my volunteer services. I understand and acknowledge that SCCCA / ICS has no liability for injury, illness, property damage resulting from my participation in volunteer activities.

Volunteer's Signature: _____

******* If the volunteer is under the age of 18, a parent or legal guardian must sign. *******

Parent's Signature _____ (if 18 or under) Date: _____