

**2018 年海外青年文化志工培訓班報名表**

2018 FASCA Training Camp Application Form

中華民國僑務委員會 Overseas Community Affairs Council, Republic of China (Taiwan)

**Profile**

|                             |  |                                     |              |
|-----------------------------|--|-------------------------------------|--------------|
| English Name:               |  | New member <input type="checkbox"/> | Recent Photo |
| Chinese Name:               |  | TA member <input type="checkbox"/>  |              |
| T-shirt size:               | XL <input type="checkbox"/> L <input type="checkbox"/> M <input type="checkbox"/> S <input type="checkbox"/>                         |                                     |              |
| Place of Birth:             |  |                                     |              |
| Nationality:                |  |                                     |              |
| Date of Birth (MM/DD/YYYY): |  |                                     |              |
| Gender:                     | M <input type="checkbox"/> F <input type="checkbox"/>  |                                     |              |
| Home Address:               |  |                                     |              |
| Home Phone:                 |  | Cell:                               |              |
| E-mail:                     |  |                                     |              |
| Parent E-mail:              |  |                                     |              |
| Public School Name:         |  | Grade:                              |              |
| Chinese School Name:        |  | Grade:                              |              |
| Language Speak at home:     | English <input type="checkbox"/> Mandarin <input type="checkbox"/> Cantonese <input type="checkbox"/> Other <input type="checkbox"/> |                                     |              |
| <b>FATHER</b>               |  |                                     |              |
| Parent Name:                |  |                                     |              |
| Day Contact Phone:          |  | Emergency Contact Cell:             |              |
| Address:                    |  |                                     |              |
| Place of Birth:             |  |                                     |              |
| Nationality:                |  |                                     |              |
| <b>MOTHER</b>               |  |                                     |              |
| Parent Name:                |  |                                     |              |
| Day Contact Phone:          |  | Emergency Contact Cell:             |              |
| Address:                    |  |                                     |              |
| Place of Birth:             |  |                                     |              |
| Nationality:                |  |                                     |              |

## Background

| General Expertise: You can mark more than one                                |  |   |                                    |
|--|--|---|------------------------------------|
| Power Point <input type="checkbox"/>   | Film Making <input type="checkbox"/>   | Photography <input type="checkbox"/>          | Media App <input type="checkbox"/> |
| Painting <input type="checkbox"/>  | Web Design <input type="checkbox"/>    | Language Translation <input type="checkbox"/> | Sport <input type="checkbox"/>     |
| Folk Art <input type="checkbox"/>  | Poster Design <input type="checkbox"/> | Play Instruments <input type="checkbox"/>     | Other:                             |
| Community Services or Participation / Position / Years (attach certificates) |  |   |                                    |
| 1.   |  |   |                                    |
| 2.   |  |   |                                    |
| 3.   |  |   |                                    |
| 4.   |  |   |                                    |
| Awards / Place / Years (attach certificates)                                 |  |   |                                    |
| 1.   |  |   |                                    |
| 2.   |  |   |                                    |
| 3.   |  |   |                                    |
| 4.   |  |   |                                    |

## Health Information

| Insurance Information  |  |                      |  |
|--|--|----------------------|--|
| Card holder Name:  |  | Member ID:           |  |
| Insurance Company:   |  | Group ID:            |  |
| Insurance Plan:  |  | Exp Date:            |  |
| Primary Physician:   |  |                      |  |
| Address:   |  |                      |  |
| Phone:   |  | Hospital Preference: |  |
| <p><i>Please list any medical problems, including any requiring maintenance medication (i.e. Diabetic, Asthma, Seizures).</i></p>  |  |                      |  |
| <p>Is your child presently being treated for an injury or sickness, or taking any form of medication for any reason? YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, explain:</p> |  |                      |  |
| <p>Is your child allergic to any type of food or medication?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, explain:</p>   |  |                      |  |
| <p>Does your child require a special diet?<br/>YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, explain:</p>   |  |                      |  |
| <p><b><i>The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment</i></b></p>               |  |                      |  |

## Waiver

I understand that I will be notified in the case of a medical emergency involving my child. In the event that I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services in the event my child is injured or becomes ill.

Parent's/Guardian's Initials \_\_\_\_\_

I understand that the OCAC or Culture Center of TECO in NY or ANJCS or FASCA Princeton will not be responsible for the medical expenses incurred, but that such expenses will be my responsibility as parent/guardian.

Parent's/Guardian's Initials \_\_\_\_\_

I \_\_\_\_\_ (student name) and \_\_\_\_\_ (guardian name), agreed to participate in and comply with regulations of FASCA training camp.

I am responsible for the safety, health, accidents in the all period during the training courses. This will be valid for five years and conclude on December 31, 2023.

1. I agree to provide personal portrait right, copyright, personal information, for the custody and use.
2. I agree to provide my own liability insurance.
3. I agree that in any condition, the litigation circumstances shall not the Council and the Sponsor.
4. I agree to serve as FASCA Princeton volunteer work at least three times in the year.
5. I agree to attend 2018 FASCA Princeton training course and pay \$100 USD (new) or \$50 (TA) for the camp fee to cover costs in training camp. The camp fee is one-time charge and is non-refundable. The Check No. \_\_\_\_\_ pays order to ANJCS-FASCA.
6. I agree not to decline my invitation 20 days prior to the training camp. During the training courses, I will not be late, leave early, take day off, or be absent. Student must attend 90% of training courses to be eligible to receive the certificate and become official FASCA member.
7. I understand the OCAC or Culture Center of TECO in NY or ANJCS or FASCA Princeton will not be responsible for any accident happened at any time during the training courses. All costs incurred due to the accident will be my responsibility.
8. OCAC or Culture Center of TECO in NY or ANJCS or FASCA Princeton will not responsible for lost or damaged personal property. All scheduled events are subject to change. I understand that no fees will be refunded or transferred unless student is unable to participate due to an accident or illness per physician orders. Student's photos and quotes may be used for publicity purposes. In case of an emergency, and if a family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel.

Student Signature: \_\_\_\_\_, Date: \_\_\_\_\_

Guardian Signature: \_\_\_\_\_, Date: \_\_\_\_\_

Printed Name of Parent/Guardian: \_\_\_\_\_

## FOR OFFICIAL USE ONLY

收件初審單位: FASCA Princeton  
海外青年文化志工協會紐澤西普林斯頓分會

收件複審單位: Culture Center of TECO in NY 紐約華僑文教服務中心

收件日:

審查意見:

1. 申請人確實具備華裔身份: YES  NO
  2. 申請人現正或曾就讀美國中文學校: YES  NO
  3. 申請人曾經參加過 FASCA 培訓營: YES  NO
  4. 送審證件及所填資料是否齊全、屬實: YES  NO
- 報名表: YES  NO
- 同意書: YES  NO
- 保險卡影本: YES  NO
- 公立學校英文成績單: YES  NO
- 學生證或圖書證影本 (證明本人): YES  NO
- 社區服務證明書: YES  NO
- 獲獎獎狀: YES  NO
- 培訓營費用\$100 USD (new) or \$50 USD (TA): YES  NO
- 支票抬頭 ANJCS-FASCA: YES  NO

審核日期:

審核結果: 通過 YES  NO , 不通過原因: