

Chinese American Cultural Association
Summer Camp 2019 Youth Volunteer
APPLICATION FORM

Applicant must have completed the 9th grade in July 2019. Mail all three forms and check to: Chinese American Cultural Association, P. O. Box 12, Edison, NJ 08818. Scanned copies of all forms need to be email to: hui.lin@huitrade.com. Post marked on or before **May 31**.

Counselor Fee: \$100, if you attended CACA Summer Camp for past 4 Years or more the fee will be \$50. Please make check payable to: CACA Summer Camp (Fee is non-refundable).

Note: Positions are limited; all applications will be considered and reviewed carefully. Decision will be made and notified via email by end of June. Incomplete applications will not be considered.

Name: _____ Chinese name: _____

Address: _____ City: _____ State: _____ Zip: _____

High school name: _____ grade: _____

Phone: _____ cell: _____

Email: _____

Date of Birth: ____/____/____ ☐Male ☐Female
Month day year

Were you a camper of this camp? ☐yes ☐no if yes, when? ☐2018 ☐2017 ☐2016 ☐2015

Membership:

☐Murray Hill Chinese School ☐Mid-Jersey Chinese School ☐Raritan Valley Chinese School
☐Union Chinese School ☐Edison Chinese School ☐FASCA ☐Other (specify) _____

Commitments:

I agreed to serve the complete service period. July 22 – July 26, 2019 8:15 am to 5:30 pm. initial _____

I agree to wear camp T-shirt during service period. T-shirt Size: ☐S ☐M ☐L ☐XL. Initial _____

I have emailed my recent photograph to caca.counselors@gmail.com (Mandatory). Initial _____

Applicant's Signature: _____

Father's Name: _____ Office Phone: _____

Chinese Name: _____ Cell: _____ Email: _____

Mother's Name: _____ Office Phone: _____

Chinese Name: _____ Cell: _____ Email: _____

Medical Information:

The health record form must be filled out by the guardian (part 1) and the physician (Part 2).

Please also list all known allergies and medical conditions here: _____

Medical Insurance Carrier: _____ Policy No. /Group ID: _____

Emergency Medical Waiver: In case of emergency, permission is hereby granted that my child can be treated at nearby hospital as per discretion of director of CACA Summer Camp.

Signature of Parent/Guardian: _____ Date: _____

Name of Signing Parent/Guardian: _____

Please Print

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Parental Consent Form

In order for your child to volunteer with us, your consent and involvement is needed to allow him/her to have a productive experience. Please read and sign this parental consent form. If your child is under the age of 18, a parent/guardian signature is required in order for the application to be considered.

I understand that my child, _____, wishes to be considered for a volunteer position and I hereby give my permission for my child to serve in that capacity, if accepted by the CACA Summer Camp. I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and they will be expected to meet all the requirements of the position, including regular attendance and adherence to CACA Summer Camp policies and procedures. I understand that they will not receive monetary compensation for the services contributed.

I grant CACA the permission to videotape, photograph, and/or audiotape my child and my family. For the consideration of the acceptance to CACA Summer Camp's volunteer position, I also grant and assign CACA all rights of every kind and character whatsoever permanently in and to my child and my family's performance, appearance, likeness, and/or voice to use and to license others to use such recordings, videos, and photographs in any manner or media whatsoever, for any use in commerce for publicity, advertising, and sales. I further acknowledge that CACA owns all rights to the results and proceeds rendered in connection herewith. Under no circumstances shall I be entitled to restrain or interfere with CACA's rights of distribution, exhibition, exploitation, use, or publication in connection CACA's rights granted here.

Release of Liability Statement: For the consideration of the acceptance to CACA Summer Camp's volunteer position, I hereby waive, release, and discharge CACA, its director, officers, staffs, and agents from any and all claims and liabilities at law or in equity for property damage/loss or bodily/ mortal injury and the consequences from such injuries as a result of my child and my family's participation in activities and trainings at Rutgers Community Christian Church, other indoor and/or outdoor amenities, and any transportation used by CACA.

Child's Name: _____

Relationship to volunteer: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

CACA Summer Camp 2019 -Youth Volunteer
Health Record

Part 1 (to be filled in by parent/guardian of minor)

Name: _____ Date of Birth: _____ / _____ / _____ Sex: _____
First Last Month Day Year

Father/Guardian: _____ Mother: _____

Address: _____

Phone: (Home) _____ (Work) _____
Father/Guardian Mother

Emergency Contact (please give two persons contact's information other than parent/guardian)

Name#1: _____ Name#2: _____

Address: _____ Address: _____

Daytime Phone: _____ Daytime Phone: _____

● Past Medical History (check and give dates)

☐Asthma _____ ☐Diabetes _____ ☐Mononucleosis _____ ☐Bleeding disorder _____
☐Heart disease _____ ☐Psychiatric treatment _____ ☐Chicken pox _____
☐Hypertension _____ ☐Recurrent ear infection _____ ☐Convulsions _____
☐Kidney disease _____ ☐Others _____

Past surgical history: _____ Family medical history: _____

Allergies: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Part 2 (to be filled in by physician)

● Immunization Records (dates)

DPT _____ Measles _____
HIB _____ Mumps _____
OPV _____ Rubella _____
Hepatitis B _____ Tuberculin test: _____ result: _____

● Physical Examination by Licensed Physician:

Ht. _____ Wt. _____ B.P. _____ P _____ T _____

HEENT _____ Lungs _____ Heart _____ Abd _____ Back _____ Ext _____ Neuro _____

I have examined the person herein described and have reviewed his/her medical history.
He/She is ___ is not ___ with restrictions ___ to participate in camp activities.

Medication or special diet while in the camp _____

Licensed Physician's signature _____

Phone _____ Address _____

Date of Examination _____ Date of Form Completion _____