

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 CAHMuseum, during the school year (June 2023 - May 2024). Certificate of completion given after 20 or more hours of participation. (PLEASE PRINT)

LAST NAME	FIRST		MIDDLE		
ADDRESS	Cľ	TY	STATE	ZIP	
HOME PHONE CELL		EMAIL			
SCHOOL	(GRADE	GPA	AGE	
LANGUAGES YOU SPEAK	INTEREST; SKILL ARE	AS			
FATHER'S NAME	CELL PHONE	EM	1AIL		
MOTHER'S NAME	CELL PHONE	EM	AIL		
EMERGENCY CONTACT NAME	HOME PHONE		CELL PHONE		
POTENTIAL/ACTUAL REFERENCE SOURCE (High School, College, Club, Recognized O I AM AVAILABLE TO PARTICIPATE IN THE ST	rganization). Reference	e letter due b	y November 15,	2024.	
FROM: Date (Month and Year)	TO: Date (Month and Year)				
Student Signature:		D	ate:		
Waiver of Liability (Parent/Guardian must consent to allowing the above-named stu (CHCP) activities, and I understand that I we cause in connection therewith. I release Hany liability involving any such accident or student's name and any photograph, video and promotional purposes (including CHC	dent to participate in th vill assume the risk of a listory San Jose (HSJ), C injury. I also grant per graphy, motion picture	ccident or inju HCP and its b mission to CH or recording f	uries sustained fro ooard members a HCP to use the ab or any publicity, e	om whatever nd staff from ove- named educational	
Parent / Guardian Signature:		D	ate:		

Chinese Historical and Cultural Project (CHCP) P.O. Box 5366, San Jose, CA 95150-5366

Mail or Email completed application form with Reference Letter* to SDCAP Chair/CHCP Director Brenda

Wong (<u>brenda.wong@chcp.org</u>), 798 Terra Bella Dr., Milpitas, CA 95035; 408-946-4015 landline preferred; 408-228-2424 cell. <u>Reference letter due by November 15, 2024 (`24-`25 yr.).</u>



CHCP PARENT TEAM VOLUNTEER APPLICATION FORM

Volunteer time for parents applying for this program is flexible, to be arranged with the Student Docent Cultural Ambassador Program (SDCAP) Chair, (June 2023 - May 2024)

(PLEASE PRINT)						
PARENT'S LAST NAME	FIRS	FIRST		MIDDLE INIT.		
ADDRESS		CITY	STATE	ZIP		
HOME PHONE	CELL	EMAIL				
YOUR SON / DAUGHTER'S NAME						
YOUR STUDENT'S SCHOOL		GRADE	GPA	AGE		
LANGUAGES YOU SPEAK	INTEREST; SI	KILL AREAS				
PARENT VOLUNTEER SIGNATUR	EE		D	ATE		
STUDENT VOLUNTEER SIGNATU	IRE		D	ATE		
PARENT TEAM VOLUNTEER: I AM AVAILABLE TO PARTICIPATE	WITH MY SON/DAUGHTI	ER IN THE SDCAP:				
FROM: Date (Month and Year)	тс	TO: Date (Month and Year)				
Waiver of Liability (Parent/Gua I understand that by signing this we Historical and Cultural Project (Conjuries sustained from whatever its board members and staff from to CHCP to use my name and any educational and promotional pur or liability.	vaiver, that while I and/or HCP) activities, I unders cause in connection the any liability involving and photograph, videograph	stand that I will assu rewith. I release His ny such accident or i ny, motion picture on	me the risk of acc story San Jose (HS njury. I also gran recording for any	ident or J), CHCP and It permission publicity,		
Parent/Guardian Voluntee	r Signature:		Date: _			
Mail or Email completed appli	cation form to SDCAP	Chair / CHCP Dire	ctor Brenda Wo	ng		

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