

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 2020 - May 2021). Certificate of completion given after 20 or more hours of participation.

(PLEASE PRINT)

LAST NAME	FIRST	М	MIDDLE		
ADDRESS	CITY	STATE	ZIP		
HOME PHONE CI	ELL EMAII	-			
SCHOOL	GRADE	GPA	AGE		
LANGUAGES YOU SPEAK					
FATHER'S NAME	CELL PHONE	EMAIL			
MOTHER'S NAME	CELL PHONE	EMAIL			
EMERGENCY CONTACT NAMEHOME PHONECELLPotential/actual reference name/association/contact info					
I am available to participate	e in the Student Docent Cultura	al Ambassador Pro	ogram from:		
Date (Month and Year)	e (Month and Year) to Date (Month and Year)				
Student Signature		D	ate		
	Guardian must sign) Ident participating in the Chinese His will assume the risk of accident or inj				

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

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 Date



CHCP PARENT TEAM 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 2020 - May 2021).

(PLEASE PRINT)

PARENT'S LAST NAME		FIRST		MIDDLE		
ADDRESS						
CITY		STATE	ZIP			
HOME PHONE	CELL	EMAIL				
YOUR SON / DAUGHTER'S	NAME					
YOUR STUDENT'S SCHOO		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.

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