

Chinese American Cultural Association
Summer Camp 2016 Youth Volunteer
APPLICATION FORM

Applicant must have completed the 9th grade in July 2016. Mail all three forms to: Youth Volunteer Program; 360 McKinley Ave, Edison, NJ 08820. Post marked on or before **May 31**
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: _____ sn: _____ AIM Google

Date of Birth: _____ / _____ / _____ Male Female
Month day year

Were you a camper of this camp? yes no if yes, when? 2015 2014 2013 2012

Membership:

Murray Hill Chinese School Mid-Jersey Chinese School Raritan Valley Chinese School

Union Chinese School Edison Chinese School CACA Teen Club Other (specify) _____

Commitments:

I agreed to serve the complete service period. July 25 – July 29, 2016 8:15am to 5:30pm. 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 Staff 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 them 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.

Name: _____

Relationship to volunteer: _____

Address: _____

Telephone: _____

Signature: _____ Date: _____

CACA Summer Camp 2016 -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 _____