

Princeton Chinese Language School  
Summer Camp 2019 Youth Volunteer  
APPLICATION FORM

Applicant must have completed the 9<sup>th</sup> grade in June 2019. Mail all three forms to: Youth Volunteer Program; 9 Barrington Drive, Princeton Junction NJ 08550. Post marked on or before **June 30. Or you may send it via email to summer@pcls.org**

*Note: Positions are limited; all applications will be considered and reviewed carefully. Decision will be made and notified via email by end of July. 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

Commitments:

I agree to serve the complete service period. August 19–August 23, 2019  
8:15am to 5:30pm. initial \_\_\_\_\_

I agree to wear the camp T-shirt during service period.

T-shirt Size:  S  M  L  XL. initial \_\_\_\_\_

I have emailed my recent photograph to summer@pcls.org (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 a nearby hospital as per discretion of Staff of PCLS 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 PCLS 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 PCLS 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: \_\_\_\_\_

# 2019 Princeton Chinese Language School SUMMER CAMP

## Medical History / Immunization Records 健康檢查表

The upper part to be filled in by parent/guardian or adult campers/staff members themselves

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_  
                    First                      Initial                      Last                      Month   Day                      Year

Father/Guardian: \_\_\_\_\_ Mother: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Father/Guardian                      Mother

Emergency Contact (Please give name, address and daytime phone of two persons other than parent/guardian)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Medical History (checks and gives 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: \_\_\_\_\_

The lower part to be filled by Physician

### Immunization Records

DPT \_\_\_\_\_

HIB \_\_\_\_\_

OPV \_\_\_\_\_

Hepatitis B \_\_\_\_\_

### Physical Examination

Ht. \_\_\_\_\_ Wt. \_\_\_\_\_ B.P. \_\_\_\_\_ P \_\_\_\_\_ T \_\_\_\_\_

HEENT \_\_\_\_\_ Lungs \_\_\_\_\_ Heart \_\_\_\_\_ Abd \_\_\_\_\_ Back \_\_\_\_\_ Ext \_\_\_\_\_ Neuro \_\_\_\_\_

I have examined the person 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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

## Photograph/Video Authorization Form

I hereby grant the Princeton Chinese Language School (PCLS) and its volunteers permission to capture my child's image and likeness in digital images (photographs, videos, recordings, and other media).

I understand that PCLS may use digital images of my child for any lawful purpose, including publicity, illustration, advertisement, and web content. There is no expiration, nor are there any geographical limitations on the validity of this authorization form.

I will be consulted about the use of digital images for any purpose other than those listed above.

I release and hold PCLS and its volunteers harmless from any and all liability arising out of the use of the recordings or media. I will waive all claims of invasion of privacy rights or publicity.

By signing this form I acknowledge that I have read and understood the above:

Printed Name \_\_\_\_\_

Camper Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_