



# kuei luck enrichment center

## 快樂教育中心

**VOLUNTER APPLICATION FORM 2011**

DATE: JULY 5 2011 – AUGUST 19, 2011

**VOLUNTEER INFORMATION:**

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DATE: \_\_\_\_\_

VOLUNTEER ID (PLEASE FILL IF KNOWN, OTHERWISE LEAVE BLANK): \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (MM/DD/YY)

SCHOOL: \_\_\_\_\_ GRADE IN FALL: \_\_\_\_\_

TELEPHONE NUMBER (C) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ EMAIL: \_\_\_\_\_

PARENT/GUARDIAN: \_\_\_\_\_ EMAIL \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

TELEPHONE NUMBER: (H) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(C) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**EMERGENCY CONTACT: WHO KUEI LUCK EDUCATION CENTER SHOULD CONTACT IN THE EVENT OF AN EMERGENCY**

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EMERGENCY CONTACT (FIRST NAME, LAST NAME): \_\_\_\_\_

PHONE NUMBER: (H) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

(C) (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**PLEASE LIST ANY PAST WORKING EXPERIENCES:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

SHIRT SIZE IN MEN:                    S            M            L            XL

- IF YOU ARE UNDER THE AGE OF 18 A COPY OF YOUR WORKERS PERMIT MUST BE ON FILE BEFORE CAMP STARTS.
- ALL VOLUNTEERS MUST ATTEND A TRAINING SESSION. DATE TO BE SET AT A LATER DATE.
- ALL VOLUNTEERS MUST HAVE A MEDICAL FORM COMPLETED BY A LICENSED PHYSICIAN



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**SCHEDULE:** FOR OFFICE USE ONLY

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<input type="checkbox"/>	<b>HALF DAY</b> (8:30AM - 1:15PM)	<b>M</b>	<b>T</b>	<b>W</b>	<b>H</b>	<b>F</b>
<input type="checkbox"/>	<b>HALF DAY</b> (11:15AM - 3:30PM)					
<input type="checkbox"/>	<b>FULL DAY</b> (8:30AM - 3:30PM)					

**FULL 7 WEEKS OF THE CAMP:**                      **YES**                      **NO**

**DATES:**

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	DATE	BY
<b>WORKERS PERMIT</b>		
<b>MEDICAL FORM</b>		
<b>NYS SEX OFFENDER REGISTRY</b>		
<b>TRAINING ATTENDED</b>		
<b>INTERVIEWED</b>		
<b>PICTURE</b>		

**TERMS AND CONDITONS:** PARENT / GUARDIAN MUST SIGN THE BELOW. IF APPLICANT IS 18 PLEASE SELF-SIGN

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I hereby swear that I am the parent or legal guardian of the listed person above, a minor, to participate as a volunteer at Kuei Luck Enrichment Center and all its programs and activities. I grant Kuei Luck Enrichment Center the right to take and use photos and videos of the student listed above for promotional purposes. I hereby agree to reimburse the Kuei Luck Enrichment Center for any property damage caused by the person listed above. I understand the camp director and its designees reserves the right to dismiss a volunteer who, after careful consideration and examination, is deemed a hazard to the safety or rights of others persons or who appears to have rejected the reasonable expectations of the camp. I understand that if the person listed above is dismissed from Kuei Luck Enrichment Center he or she may not receive any recognition for services previously rendered.

In the case of an emergency if any of the listed contacts and emergency contacts cannot be reached, the director or acting person in charge of Kuei Luck Enrichment Center as well as the medical staff at New York Hospital Queens has my permission to make decisions regarding the emergency care or treatment for the student listed above. I hereby waive and release Kuei Luck Enrichment Center, The New York City Department of Education, Public School 173 Queens and/or its designees from any and all liability and costs associated with any accidents and emergency care. I further understand that I or my medical insurance carrier will be responsible for any expenses arising from said emergency or treatment. I hereby certify that I have listed all medical conditions and activity limitations accurately and truthfully. I understand that all terms are non-negotiable. If I failed to sign the form below, by the person listed above participating in any activates or programs sponsored by Kuei Luck Enrichment Center it is an automatic assumption that I agree to the terms and conditions listed above and is considered to be legally binding.

**I HEARBY CERTIFY THAT THE INFORMATION ABOVE IS ACCURATE.**

**I HEREBY CERTIFY THAT I HAVE READ AND ACCEPTED ALL THE ABOVE CONDITIONS.**

\_\_\_\_\_  
PARENT / GUARDIAN SIGNATURE

\_\_\_\_\_  
DATE