



Summer Program Volunteer Opportunity

South Coast Chinese Cultural Association/Irvine Chinese School is currently recruiting volunteers for the upcoming summer program, from June 12 to August 18, 2017.

Students may earn community service hours for their volunteering work. Flexible schedules are available upon request.

Eligibility:

- ✓ Must be over **15** years old or entering 10th grade in fall 2017
- ✓ If you are under 18, parent's/guardian's contact information and permission signatures are required on the applications
- ✓ Responsible, enthusiastic, and love spending time with children
- ✓ **Maximum 15 hours** per week
- ✓ First come, first serve. Must be able to commit for at least 2 weeks
- ✓ Must attend Volunteer Orientation either on **6/9 Friday 5:00-6:00 PM** or **6/10 Saturday 9:00-10:00 AM** (**No siblings, friends, or parents substitution**)

How to apply?

1. Read Volunteer Instruction and fill out an application (hard copies are available in the office or download the form from the website www.sccca.org)
2. If you are under 18, your parents or guardians need to sign the application
3. Ask office staff to secure your desired dates and time
4. Sign up one mandate volunteer orientation (**6/9 Friday 5:00-6:00 PM** or **6/10 Saturday 9:00-10:00 AM**)
5. Application deadline: **5/31/2017 Wednesday by 6:30 P. M.**

*** SCCCA/Irvine Chinese School is a certifying organization for the President's Volunteer Service Award. If you are a US. citizen or a lawful permanent resident, you are eligible to accumulate your volunteer hours at SCCCA for the President's Volunteer Service Award.**

If you have any question, please feel free to contact us. We look forward to having you this summer ☺

Summer Program

Contact: 949-559-6868 ext.511 or thung@sccca.org



Summer Program Volunteer Application

Applicant Information													
Legal Name:								Date:					
<i>Last</i>		<i>First</i>				<i>M.I.</i>		Age:					
Name to be called:													
<i>Last</i>		<i>First</i>											
Address:													
Phone number		()				E-mail Address:							
Have you ever volunteered here before?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?							
Have you ever been convicted of a felony?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:							
Desired Days:		MON <input type="checkbox"/>	TUE <input type="checkbox"/>	WED <input type="checkbox"/>	THU <input type="checkbox"/>	FRI <input type="checkbox"/>	Desired Hours (maximum 15 hrs/week):			Specific Dates			
								9:00-12:30	11:00-1:30	1:00-4:30	4:00-6:30		
List any special talent:													
Volunteer Orientation date (circle one)				6/9 Friday 5:00-6:00 PM				or		6/10 Saturday 9:00-10:00 AM			
Education													
High School:													
City:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Current grade:							
College:													
City:		Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Current grade:.							
Emergency Contact													
Mother's name:				Phone:									
				E-mail:									
Father's name:				Phone:									
				E-mail:									
Any allergy or health concerns:													
Disclaimer and Signature													
<i>I certify that my answers are true and complete to the best of my knowledge. I have read the Volunteer Instructions and understood the SCCCA/ICS has the rights to terminate my volunteer services if any violation happens.</i>													
Signature:								Date:					
Signature of Parent (if under 18):								Date:					



MEDICAL/PHOTO RELEASE AND LIABILITY WAIVER FORM

- PERMISSION TO OBTAIN MEDICAL TREATMENT:

I, the undersigned, give the staff of South Coast Chinese Cultural Association (SCCCA)/Irvine Chinese School (ICS) permission to obtain whatever medical attention is needed, including emergency care and paramedics. I assume full financial responsibility for all medical expensed incurred.

Volunteer's signature: _____ Date: _____

Parent's or guardian's signature (if the volunteer is under 18): _____

- PHOTOGRAPH/VIDEO RELEASE STATEMENT:

I, the undersigned, hereby grant permission to SCCCA/ICS the right to use the copyright photographs/videos without restriction for purpose such as (but not limited to) promotion, advertising, and public relations. I hereby release and discharge SCCCA/ICS from any and all claims and demands arising out of or in connection with the use of the photographs/videos, including any and all claims for libel.

Volunteer's signature: _____ Date: _____

Parent's or guardian's signature (if the volunteer is under 18): _____

- LIABILITY WAIVER:

I, the undersigned, hereby waive, release and hold harmless to the SCCCA/ICS and its agents, employees and representatives from any and all claims, liabilities, injury and loss that may result from my participation in volunteer activities at SCCCA/ICS, regardless of whether resulting from any negligence of SCCCA/ICS. I further agree to indemnify SCCCA/ICS from all claims and liabilities that may result from my volunteer services. I understand and acknowledge that SCCCA/ICS has no liability for injury, illness, property damage resulting from my participation in volunteer activities.

Volunteer's signature: _____ Date: _____

Parent's or guardian's signature (if the volunteer is under 18): _____