



大紐約區中華文化夏令營 Metropolitan Chinese Culture Camp

輔導員申請表 (十八歲以上) Counselor's Application Form (Age 18 and up)

姓名 (英文) Name (English)		(中文) (Chinese)		浮貼近照一張 背面書寫姓名 Attach photo Mark name on the back
電子郵址 Camper's E-mail	性別 Sex	出生日期 DOB		
就讀美國學校名稱或公司名稱 School or Employer name		學校年級或 Grade/year at current employment		
地址 Home Address				
電話 Home Phone		家長手機電話 Parent's Cell Phone		
父親姓名 (中文) Father's Name (English)		家長電子郵址 Parent's E-mail (Required 1)		
母親姓名 (中文) Mother's Name (English)		家長電子郵址 Parent's E-mail (Required 1)		

1. Why do you think you are qualified as a counselor?

2. Specify your Chinese proficiency _____

3. Specify your talent and hobbies _____

4. Please provide names and contact information of at least 2 people, not relatives, who have knowledge about your character, experience and work habits at prior camps attended/worked or at employment.

Name of Camp/Employer	Address	Name	Phone number



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Important Agreement:

1. I agree to attend a mandatory one day training (one Saturday in July) at the date and place specified by the camp.
2. I will stay on the camp site for the whole duration of the camp week.
3. I am willing to work the job to which I am assigned by the Camp Directors.
4. I agree to be part of the camp counseling team in which to be supportive, engaged and positive.
5. I assume responsibility for my transportation to and from camp.
6. I agree to follow camp policies and procedures at all times developed by the Camp Directors.
7. I agree to not drink, smoke, or use of any recreational drugs at the camp site.
8. I agree to not bring any weapons, fire arms, and illegal substances to the camp site.
9. I agree to not harass anyone at the camp.
10. I agree to grant permission for the camp to perform a background check on me.

A signature on this application form grants MCCC the permission to use any photograph, video or audio footage, likeness, or thoughts expressed during a camp sponsored interview in which I may, or take part in (regarding an interview). This permission shall extend to the Camp while I am actually at camp, or while I am participating in any camp sponsored activity (i.e.: a camp reunion) during the full year preceding or following my actual participation in the camp program at the camp facility. All photographs, video or audio footage, likeness, or thoughts expressed during an interview, may be used on an Internet Website, for advertising, or other commercial purposes. I agree to abide by all rules and regulations set by the camp for the **health, safety, and welfare** of the campers and staff at camp. Additional rules or amended regulations can be provided to me while at camp itself. **All Counselors are subject to background check.**

PERMISSION IS GIVEN TO THE CAMP DIRECTOR OR MEDICAL PERSONNEL SELECTED BY THE CAMP DIRECTOR, TO HAVE ME, SEEN BY A PHYSICIAN IN A PHYSICIAN'S OFFICE OFF THE GROUNDS OF CAMP, OR AT THE HOSPITAL, WHEN DEEMED NECESSARY. PERMISSION IS FURTHER GIVEN TO A PHYSICIAN SELECTED BY THE CAMP DIRECTOR IN THE EVENT OF SURGICAL OR MEDICAL EMERGENCY, TO PROVIDE HOSPITALIZATION, SECURE PROPER TREATMENT FOR, AND ORDER INJECTIONS, ANESTHESIA, OR SURGERY FOR ME.

Applicant Signature _____ Date _____

*** **Have the Medical Form (2 sides) filled out by your doctor**

*** **Copy of front and back of Medical Insurance cards and completed Medical Form are both required for the processing of the application**