



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
出生日期 DOB		性別 Sex (F/M)		
電子郵址 Camper's E-mail				
地址 Home Address				
電話 Primary phone				
就讀美國學校名稱或公司名稱 School or Employer name				
學校年級或工作職稱 Grade or job title				
家長(一)姓名 Parent (1) Name		家長(二)姓名 Parent (2) Name		
家長(一)手機電話 Parent (1) Cell Phone		家長(二)手機電話 Parent (2) Cell Phone		
家長(一)電子郵址 Parent (1) E-mail(Required)		家長(二)電子郵址 Parent (2) E-mail(Required)		

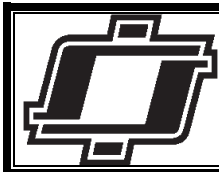
1. Why do you think you are qualified as a counselor?

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 training 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 to 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.

Your Signature _____ Date _____

*** **Completed & Submit this form to "CampRegistrar.MCCC@gmail.com"**

*** **Have the Medical Form B (3 pages) filled out by your doctor**

*** **Mail Form To: MCCC, P.O. Box 1409, Township of Washington, NJ 07676**

www.MetropolitanChineseCultureCamp.org