

紐約華僑學校義工登記表

New York Chinese School Volunteer Application

English Name _____ Chinese Name _____
Last First

Gender _____ Age _____ Email _____

Address _____ Home Phone Number _____
Street (_____) _____
City _____ Cell Phone Number or _____
Emergency Contact Number _____
(_____) _____
State Zip Code

Please Check the Dialect That You Speak: Cantonese Mandarin Both

Are you currently a student at our school? Yes No

Name of English School _____ Grade _____

Work Experience (if any) _____

Please Check the Available Time and Day(s) to Work

3:15P.M. ~ 4:15P.M. Mon _____ Tues _____ Wed _____ Thurs _____ Fri _____

10:00A.M. ~ 1:00P.M. Saturday _____ Sunday _____

2:00P.M. ~ 5:00P.M. Saturday _____ Sunday _____

Remarks:

-Volunteers will most likely be assisting lower grade classes or assisting in the office. However, space is not guaranteed.

-Recommendation letters or community service credit will be given to those who meet school standards.

-Please return the completed application form to 303.

-If you have any questions, please feel free to contact us at (212)226-3320/1 or send an email to nycs@nychineseschool.org.

Applicant's Signature _____ Date ____ / ____ / ____

Parent/Guardian's Signature _____ Date ____ / ____ / ____

If you are under 18, a parent's or guardian's signature is required.

For School Use Only

Date Started _____ Date ended _____ Job Assigned _____

Room ____ Total Hours _____ Staff Signature _____

Request For: Recommendation Letter _____ Community Service _____ Both _____