

Volunteer Application

***NOTE:** Program dates may change. Please check our website, the front bulletin board of CPC, or call us at (510) 452-4963.

Please read and complete all parts of this application and submit it by 12:30 pm, **May 18, 2025** to
Chinese Presbyterian Church of Oakland Summer Program, 265 8th Street, Oakland, CA 94607

Please answer all info with an asterisk (*), **print clearly**, and attach your **resume** and a recent **passport/ID-standard photo** of yourself with your application. Feel free to attach a separate sheet for answers that may be longer than the space provided on the form.

Part I: Personal Information

*Last Name:	*First Name:	Middle Name:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
*Date of Birth (mo/dy/yr): ___/___/___	*Age:	*Social Security Number: ___/___/___	
*Current Mailing Address: <i>Street and Apt. Number</i> <i>City</i> <i>State</i> <i>ZIP</i>			*Home Phone: ()
*Permanent Mailing Address (if different):			*Phone (if different): ()
*Email Address:			*Cell Phone: ()
*Driver's License/ID Card Number:		*Driver's License State:	*Expiry Date:
*1. Has your driver's license been suspended within the last 7 years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*2. Have you been convicted of driving under the influence (DUI) or driving while intoxicated (DWI) within the last seven years?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*3. Have you been convicted of a misdemeanor within the past 7 years (other than traffic violations)?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*4. Have you ever been convicted of a felony?			Yes <input type="checkbox"/> No <input type="checkbox"/>
*5. If you answered "yes to any of questions 1-4", please explain:			
6. How did you hear about the CPC Summer Program?			
7. What is the last day of your regular school (2024-25 year)?			
8. (optional) Are you a Christian? If yes, for how long?			Yes <input type="checkbox"/> No <input type="checkbox"/>
9. (optional) Are you a member in good standing of a church? If yes, please state the name of the Church:			Yes <input type="checkbox"/> No <input type="checkbox"/>
10. (optional) Do you attend a church regularly? If yes, please state the name of the Church:			Yes <input type="checkbox"/> No <input type="checkbox"/>
11. Have you received the COVID-19 vaccine / booster? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, date of last shot: _____ Please provide a copy of proof of vaccination.			

Part II: Language Skills

Please check what best describes your ability:

Spoken English:	Native <input type="checkbox"/>	Near Fluent <input type="checkbox"/>	Basic Conversation <input type="checkbox"/>	Tourist Phrases <input type="checkbox"/>
Spoken Cantonese:	Native <input type="checkbox"/>	Near Fluent <input type="checkbox"/>	Basic Conversation <input type="checkbox"/>	Tourist Phrases <input type="checkbox"/> None <input type="checkbox"/>
Spoken Mandarin:	Native <input type="checkbox"/>	Near Fluent <input type="checkbox"/>	Basic Conversation <input type="checkbox"/>	Tourist Phrases <input type="checkbox"/> None <input type="checkbox"/>
Other Spoken Languages:				
Written English:	Native <input type="checkbox"/>	Transcribe from Chinese <input type="checkbox"/>	Read Newspapers <input type="checkbox"/>	Read Children's Books <input type="checkbox"/>
Written Chinese:	Native <input type="checkbox"/>	Transcribe from English <input type="checkbox"/>	Read Newspapers <input type="checkbox"/>	Read Children's Books <input type="checkbox"/> None <input type="checkbox"/>
Other Written Languages:				

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Part III: Education

Name of High School:	Location (City, State):
Dates attended (mo/yr): From ____ / ____ / ____ To ____ / ____ / ____	(Expected) Graduation Date (mo/yr): ____ / ____ / ____
Name of Institution:	Location (City, State):
Dates attended (mo/yr): From ____ / ____ / ____ To ____ / ____ / ____	(Expected) Graduation Date (mo/yr): ____ / ____ / ____
Area of Study/Major:	Degree(s) Conferred:

Name of Institution:	Location (City, State):
Dates attended (mo/yr): From ____ / ____ / ____ To ____ / ____ / ____	(Expected) Graduation Date (mo/yr): ____ / ____ / ____
Area of Study/Major:	Degree(s) Conferred:

Other educational programs/certification:

Part IV: Relevant Work/Volunteer Experience

Please begin with the most recent:

Employer/Site:	Phone number: ()	Email:
Address: <i>Street and Number</i> <i>City</i> <i>State</i> <i>ZIP</i>		Name of Supervisor:
Job Title and Duties:		Volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Start Date (mo/yr): ____ / ____ / ____	Reason for leaving?	
End Date (mo/yr): ____ / ____ / ____		

Employer/Site:	Phone number: ()	Email:
Address: <i>Street and Number</i> <i>City</i> <i>State</i> <i>ZIP</i>		Name of Supervisor:
Job Title and Duties:		Volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Start Date (mo/yr): ____ / ____ / ____	Reason for leaving?	
End Date (mo/yr): ____ / ____ / ____		

Employer/Site:	Phone number: ()	Email:
Address: <i>Street and Number</i> <i>City</i> <i>State</i> <i>ZIP</i>		Name of Supervisor:
Job Title and Duties:		Volunteer? Yes <input type="checkbox"/> No <input type="checkbox"/>
Start Date (mo/yr): ____ / ____ / ____	Reason for leaving?	
End Date (mo/yr): ____ / ____ / ____		

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Part V: References

Please provide a professional or academic reference (no family or close friends):

Name:	Title:	Relationship:
Address: <i>Street and Number</i> <i>City</i> <i>State</i> <i>ZIP</i>	Phone number: ()	Email:

Please provide a professional or ecclesiastical reference (no family or close friends):

Name:	Title:	Relationship:
Address: <i>Street and Number</i> <i>City</i> <i>State</i> <i>ZIP</i>	Phone number: ()	Email:

You may ask your references to write a letter of recommendation for you, which may expedite your application. If so, please submit them in a **sealed** envelope along with your application, or ask the reference to mail the letter directly before **May 18, 2025**, addressed to **CPC Summer Program, 265 8th St., Oakland, CA 94607**.

Part VI: Please Reply to the Following Questions

Please attach a separate sheet if you need more space.

1. What do you find especially interesting or appealing about the CPC summer program?
2. To which specific area of our program do you feel your skills and gifts would best contribute?
3. Have you participated in programs similar to the CPC summer program? If yes, please describe your experience.
4. What do you hope to gain and learn from participating in the summer program?

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Part VI Continued

5. What are your hobbies and extra-curricular activities?
6. Would you be willing to assist with our summer lunch program (receiving lunch, temperature regulation, and distribution). You will need to attend one of the meetings in May, June, or July. Yes <input type="checkbox"/> No <input type="checkbox"/> When will you be in town? _____
7. (Optional) If you are a Christian, feel free to attach a brief (max 1 page, 12pt font) testimony.

Part VII: Availability

Program Scheduling is as follows:

Growing, Learning, Loving Summer Program: June 16 – August 1 (Mon-Fri 9:00 am – 5:00 pm) – Holidays on 6/19 for Juneteenth Day & 7/4 for Independence Day.

Training Date TBA

<input type="checkbox"/>	I can come for the training and help through the entire program
<input type="checkbox"/>	I can come for the entire program except for the following dates (please specify):
<input type="checkbox"/>	I can come only on the following days/dates (please specify):

Part VIII: Medical and Emergency Information

Please provide a person to contact in case of an emergency:

Name:				Relationship:	
Address: <i>Street and Apt. Number</i>		<i>City</i>		<i>State</i> <i>ZIP</i>	
Home Phone: ()			Mobile Phone: ()		

Are you certified in any form of emergency response (e.g. First Aid, CPR)?
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So we know how we can accommodate you:

What's your height and T-shirt size? <input type="checkbox"/> Youth L <input type="checkbox"/> Adult S <input type="checkbox"/> Adult M <input type="checkbox"/> Adult L <input type="checkbox"/> Adult XL
Do you have any food allergies and/or dietary restrictions?

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Part IX: Policy, Release, and Certification

Sexual Misconduct is a comprehensive term used to include, but is not limited to:

1. Child Sexual Abuse;
2. Rape or sexual contact by force, threat, or intimidation;
3. Sexual Malfesance – as breach of trust by clergy/professional lay leader, resulting from romantic relationship and/or sexual contact within a ministerial or professional relationship;
4. Production and/or distribution or pornography as defined by actions or policy statements of the General Assembly, Presbyterian Church (U.S.A.);
5. Sexual Harassment;

The definition of sexual misconduct is not meant to include non-abusive relationships between spouses.

Read and Initial _____

Child Sexual Abuse includes, but is not limited to:

1. Any sexual contact or sexual interaction between a child (under the age of eighteen years) and an adult;
2. Any use of a child for the sexual stimulation of an adult, a third person party, or the child;
3. Any risqué jokes, innuendo, unacceptable visual contact, unwelcome casual touch, unwelcome and inappropriate hugs and kisses, and sexually suggestive pictures between an adult and a child.

I certify that (a) no civil, criminal, ecclesiastical complaint has ever been sustained or is pending against me for sexual misconduct; (b) I have never resigned nor been terminated from a position for reasons related to sexual misconduct; or (c) I have never been required to receive professional treatment for reasons related to sexual misconduct on my part.

Read and Initial _____

Child Internet Safety

I agree, in light of internet predation, for the safety of the children, to exercise discretion concerning photos and media to be posted on websites, blogs, Facebook, etc. I agree to restrict access from the general public all recordings, in any form that I might post, depicting the children in the Summer Program, without the explicit consent of the children's legal guardians.

Read and Initial _____

Release Authorization

I give my authorization and permission for the Presbytery of San Francisco and/or the Chinese Presbyterian Church of Oakland and/or the East Bay Asian Youth Outreach Ministry (EBAYOM) to make the necessary contacts from third parties to verify my current and prior employment history, medical information, references, and to inquire concerning any prior arrest or criminal records or any judicial proceedings involving me as a defendant, which I have provided on this application

I acknowledge I have been advised that I have the right to make a written request within a reasonable period of time for a complete and accurate disclosure of the nature and scope of the inquiry.

Read and Initial _____

Certification and Understanding

I represent that all information entered on this application and on any other form(s) completed or to be completed by me in connection with my application to be true and correct. I understand that any misrepresentation or concealment of information requested will be reason for dismissal if I am employed.

I understand that as part of the EBAYOM selection procedure, assessments of my candidacy will be made which may include various tests, interviews, evaluations, etc., the results of which will not be known to me whether or not I am offered employment.

I understand that if I receive and accept an offer of employment with the EBAYOM, my employment may be terminated by the Chinese Presbyterian Church of Oakland or by the EBAYOM or by me at any time with or without cause.

I agree to the above stipulations.

Read and Initial _____

My Signature below confirms that the information contained within this application is true and accurate.

Signature:	Date (mo/dy/yr):
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Print Name: _____

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Part X: Permission and Waiver Agreement

Name of Applicant:	Applicant's Age (if minor):
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If a legal minor (under 18 years of age), please provide the information of parents or guardians:

Name of Father:	Father's Email:	Name of Mother:	Email:
Father's Day Phone:	Father's Cell Phone:	Mother's Day Phone:	Mother's Cell Phone:

For Parents/Guardians of Minors:

I hereby give permission to my child/ward to work as a volunteer for the Chinese Presbyterian Church Summer Program, and to participate in all aspects of the program including but not limited to training, lessons, activities, and field trips. In case of emergency, I give permission to the physician selected by the Chinese Presbyterian Church of Oakland staff to hospitalize, secure proper treatment, call an ambulance, and/or to order injection, anesthesia, or surgery for my child/ward. I understand that the Chinese Presbyterian Church and its administration and staff are not responsible for any accidental injury, illness or property loss. I also understand that the Program Director may request parents/guardians to withdraw their children from the program if they are disruptive to others.

Signature of Parent/Guardian of minor:	Date (mo/dy/yr):
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For Applicants and Parents/Guardians of Minors:

I hereby release the Chinese Presbyterian Church of Oakland and any staff, leaders, volunteers, or participants from any and all liability, including the charge of negligence, in the event of any injury, illness and/or property loss that occurs during any aspect of the program, including but not limited to training, activities, classes, field trips, lunches and snacks, and use of premises.

I understand that the summer program has an integral religious dimension. I hereby agree to the right of the Chinese Presbyterian Church of Oakland through this summer program to promote its values from the teachings of the Bible and the Christian faith according to the historic Reformed tradition.

I hereby agree to the right of the Chinese Presbyterian Church of Oakland to photograph, film, videotape, audio record all aspects and participants in the summer program, including myself or my children, or through the use of any other manner of recording by any other means, for the purposes of promoting the summer program. I agree that the Chinese Presbyterian Church of Oakland shall have the continuing right to use any photograph or recording in the future without additional compensation to those recorded or without identification of those recorded by name.

I acknowledge that I am signing this waiver agreement freely and voluntarily, forgoing my right to litigation. By my signature, I intend for the Chinese Presbyterian Church Summer Program, and all personnel involved, a complete and unconditional release of all liability to the greatest extent allowed by the law.

Signature of Parent/Guardian of minor:	Date:	Signature of Applicant:	Date:
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For Applicants and Parents/Guardians of Minors:

Part XI: HEALTH & SAFETY POLICIES

We strive to create a healthy environment for all participants in our summer program, and therefore, it is important for the applicant to ***NOT*** attend our program if the applicant is sick. If the applicant shows any symptoms of being ill, had a fever for 24 hours, or vomited the night before, the applicant **must** remain at home.

Whenever there is a reason to believe that the applicant is suffering a recognized contagious or infectious disease, the applicant shall be sent home or will not be permitted to enter the program, as well as shall not be permitted to return until the applicant does not have a fever above 100° for 24 hours without fever reducing medication and/or we have received a doctor's note that the applicant has been cleared. Furthermore, the applicant will need to show proof of a negative COVID-19 test to return.

I acknowledge that I understand the above health and safety policies. Furthermore, by my signature, I confirm that the applicant has not traveled within the past 14 days to a country “with widespread sustained transmission” nor have had close contact with someone showing COVID-19 symptoms or on a plane with a person showing symptoms. I will notify the Program Director immediately if this situation changes.

Signature of Parent/Guardian of minor:	Date:	Signature of Applicant:	Date:
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Please review your application carefully, and return the completed form with a resume and a recent photo of the applicant. The form should be submitted on or before **May 18, 2025**. For further inquiries, please visit our website: <http://oaklandcpc.pcusa.cc/ebayomsummer.html>, or contact Cathy Fong, Director at cpcsummerprogram@gmail.com or (510) 452-4963. Please state your full name for all correspondences. Thank you for your interest in our summer program. May the grace of Jesus Christ be with you.