

**Main Line Chinese Culture Center**  
**明朗教师助理及志愿者申请表**

Acknowledgement of TA/Volunteer Regulation Guidelines

Please read and check the statement below, then print and sign your name.

\_\_\_\_\_ I acknowledge that I have been made aware of the **TA/Volunteer Regulation Guidelines**, by signing this document, I agree that I will read the guidelines and follow all policies and procedures set forth. (A copy of the **TA/Volunteer Regulation Guidelines** is available at the Admin Desk).

\_\_\_\_\_ I have completed the Staff Safety Training and understand the contents thoroughly.

My signature below indicates that I agree to read and abide by all policies, procedures, regulations and standards in the **TA/Volunteer Regulation Guidelines**.

\_\_\_\_\_ **Student Name (Print)**

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Student Signature**

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Parent/ Guardian Consent

I, \_\_\_\_\_, give my consent for \_\_\_\_\_ (Full Name of Student Volunteer) to serve as a Student Volunteer at MLCCC. I realize the need for him/her to be dependable, courteous, and mature and abide by the **TA/Volunteer Regulation Guidelines**.

\_\_\_\_\_ **Date**

\_\_\_\_\_ **Parent/Guardian Signature**

\_\_\_\_\_ **Print Full Name**

## TA/Volunteer Photo Release Form

Permission to Use Photographs/Videos while associated with MLCCC:

I grant to **MLCCC**, its representatives and employees the right to take photographs/Videos of my child \_\_\_\_\_

I authorize **MLCCC**, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that MLCCC may use such photographs/Videos of my child

\_\_\_\_\_ with or without his/her name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

Student Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian Name (Print)

Signature, parent or guardian \_\_\_\_\_  
(If under age 18)

Date \_\_\_\_\_

## MLCCC TA/Volunteer Application Form

School Year 20\_\_\_\_ - 20\_\_\_\_

申请人中文姓名*	
申请人英文姓名*	
E-mail*	
电话*	
家长姓名*	
家长电话*	
家长 E-mail*	
中文水平（现就读年级，或哪一年毕业） *	
可服务时间（第一节，第二节，第三节） *	
意向（倾向于助教哪一年级，中文课，文体课，或 CSL）  （note 该意向只作为参考，学校不保证满足申请人意向）	

\*必须填项

若被录用，则申请人及其家长负有如下责任：

1. 申请人要遵守学校制度，遵守教师助理守则，认真完成指导老师分配的任务。
2. 申请人家长应了解教师助理守则并支持协助教师助理的工作。