



PCR Volunteer Application / PCR 义工申请表格

Please fill out the application and return it to the Volunteer Program by e-mail or mail. Please note all PCR volunteers must be at least 14 years old. For more information, please submit your questions to volunteer.pcrnyc@gmail.com or call 718-210-3743.

请在填写完表格后通过电子邮件或邮寄方式将其返回至 PCR。请注意, 所有 PCR 义工必须年满 14 岁。了解更多信息, 请发送邮件至 volunteer.pcrnyc@gmail.com 或致电 718- 210-3743。

Name 名字: _____ Date of Birth 出生日期: ____ / ____ / ____
First 姓 Middle Last 名 MM DD YYYY

Gender 性别: _____ Pronoun(s) 代词: _____

Address 地址: _____
Number 号码 Apt # 公寓# Street 街道 City 城市 State 州 Zip Code 邮编

Phone 电话号码: _____ E-mail 邮箱: _____

School 学校: _____

Why do you wish to volunteer at PCR? What do you hope to gain from this volunteer experience?
你为什么想在 PCR 做义工? 你希望从这次义工经历中获得什么?

What language(s) do you speak fluently? 你能流利的说哪种语言?

English 英语 Cantonese 广东话 Mandarin 普通话 Fujianese 福州话

Spanish 西班牙语 Other(s) 其他 _____

What type of skills do you have? 你会的技能 (Software, artistic skills, etc... 软件编程、艺术绘画等...)

How did you hear about us? 你是从哪知道我们的? _____

Have you ever been affiliated with PCR? If so, please indicate your relationship (family of staff, program participant, volunteer, etc...)

你是否曾与 PCR 有关联? 如果有, 请说明您的关系 (员工家属、项目参与者、义工等...)

Previous Work/Volunteer Experience: Attach additional pages if necessary.

以前的工作/义工经历: 如有必要, 可附加其他页面。



Most Recent Educational Level 最新的教育程度

Name of School 学校名字: _____

Location (City, State) 地址 (城市, 州): _____

Major 专业: _____ Degree (if any) 学位 (如果有): _____

Last Grade Completed 最近完成的年级: _____

Emergency Contacts 紧急联系人

Name 名字: _____ Relation 关系: _____
First 姓 Middle Last 名

Address 地址: _____
Number 号码 Apt # 公寓# Street 街道 City 城市 State 州 Zip Code 邮编

Phone 电话号码: _____

Name 名字: _____ Relation 关系: _____
First 姓 Middle Last 名

Address 地址: _____
Number 号码 Apt # 公寓# Street 街道 City 城市 State 州 Zip Code 邮编

Phone 电话号码: _____

Certification 认证

I certify that the information provided on this application is true and accurate. I understand that the withholding of any information sought by this application, or the giving of false information may result in my disqualification from consideration for volunteer services for PCR or, if discovered after I have begun volunteering at PCR, my termination as a volunteer at PCR.

我保证在此申请中提供的信息是真实和准确的。我明白, 隐瞒本申请所要求的任何信息, 或提供虚假信息, 可能会导致我被取消参与 PCR 义工服务的资格, 或者, 如果在我开始在 PCR 做义工后发现, 将终止我在 PCR 的义工身份。

I certify that I have read the **PCR Volunteer Code of Conduct**. I understand that if I am offered and accept a volunteer position with PCR, I am responsible for abiding by the PCR Volunteer Code of Conduct. I understand that failure to abide by the aforementioned standards is grounds for immediate dismissal without compensation.

我证明我已阅读 PCR 义工行为准则。我明白, 如果我被给予并接受 PCR 的义工职位, 我有责任遵守 PCR 义工行为准则。我明白不遵守上述标准是立即取消义工资格的理由, 不予赔偿。

I HAVE READ THE ABOVE PRIOR TO SIGNING THIS APPLICATION.

在签署本申请之前, 我已经阅读了上述内容。

Applicant Signature 申请人签名: _____ Date 日期: _____

Parent/Guardian Signature 父母或监护人签名: _____ Date 日期: _____

Parent/Guardian Signature required if applicant is under 18 如果未满 18 岁, 需要父母或监护人签名



PCR Medical Release Form / PCR 医疗信息表格

Name 名字: _____ Date of Birth 出生日期: ____ / ____ / ____
First 姓 Middle Last 名 MM DD YYYY

Sex assigned at birth 出生时分配的性别: _____ Pronoun(s) 代词: _____

Address 地址: _____
Number 号码 Apt # 公寓# Street 街道 City 城市 State 州 Zip Code 邮编

Phone 电话号码: _____

Insurance Carrier 保险公司: _____ Policy Number 保险单号: _____

Blood Type 血型: _____ Allergies 过敏源: _____

Current Medication(s) 目前使用的药物: _____

In case of an emergency, please contact 如遇紧急情况, 请联系:

Name 名字: _____ Relation 关系: _____

Phone Number 电话号码: _____

This authorization is intended to give Parent-Child Relationship Association (PCR) the right to give consent to not only authorization for emergency diagnostic procedures, medical, dental, surgical care and hospitalization, but for any diagnostic, medical, dental, surgical care and hospitalization that the person so designated deems advisable, and which the physician, dentist, or hospitalization personnel in said person's judgment may deem advisable.

该授权旨在赋予纽约亲子互助会 (PCR) 不仅同意紧急诊断程序、医疗、牙科、外科护理和住院治疗的授权, 而且还同意任何诊断、医疗、牙科、外科护理和住院治疗的授权, 此指定人 有权限并且根据该人的判断、医生、牙医或住院人员可能认为是可行的。

It is intended that this document be presented to the physician, dentist, or appropriate hospital or medical representative at such time as the medical, dental, surgical care, or hospitalization shall be authorized. It is intended that this authorization relieves the physician, dentist, or any health care provider or any hospital or institution in which such care is given from any liability resulting from the failure of me, as parent, or any other person, from signing a consent or authorization to render such care. It is the intent that PCR shall act in my stead in making such decisions.

本文件旨在授权医疗、牙科、外科护理或住院时, 向医生、牙医或适当的医院或医疗代表提交。本授权书旨在免除医生、牙医或任何医疗服务提供者或提供此类护理的任何医院或机构因我作为父母或任何其他人未签署同意书或授权书而导致的任何责任。意图是由PCR来代替我做出此类决定。

Volunteer Name (Print) 义工姓名 (打印) _____ Signature 签名 _____ Date 日期 _____

Parent/Guardian Name (Print) 家长/监护人 (打印) _____ Signature 签名 _____ Date 日期 _____
Parent/Guardian Signature required if applicant is under 18 如果未满 18 岁, 需要父母或监护人签名



PCR Photo Release Form / PCR 影像使用同意書

I hereby grant permission to Parent-Child Relationship Association (PCR), its representatives, employees, and authorized agents, to use photographs and/or video recordings of myself taken during my volunteer activities for promotional and educational purposes.

我在此允许纽约亲子互助会 (PCR)、其代表、雇员和授权代理人使用我在义工活动中拍摄的照片和/或录像, 用于宣传和教育目的。

I understand and agree that the photographs and/or video recordings may be used in a variety of mediums, including but not limited to, brochures, newsletters, websites, social media, presentations, and other printed and digital materials. These materials may be distributed to the general public, including donors, supporters, and other stakeholders.

我理解并同意这些照片和/或录像可以在各种媒介中使用, 包括但不限于小册子、通讯、网站、社交媒体、演讲以及其他印刷和数字材料。这些材料可以分发给公众, 包括捐助者、支持者和其他利益相关者。

I acknowledge that the photographs and/or video recordings may be edited, altered, or combined with other images or media without my further consent or approval. I waive any right to inspect or approve the final products before they are used or published.

我承认这些照片和/或视频记录可能会被编辑、修改, 或其他图像或媒体相结合, 而无需我进一步同意或批准。我放弃在使用或出版前检查或批准最终产品的任何权利。

I release and discharge the Organization, its representatives, employees, and authorized agents from any and all claims, demands, or causes of action that I may have against them arising out of or in connection with the use of the photographs and/or video recordings, including any claims for defamation, invasion of privacy, or infringement of moral rights.

我放弃并解除本组织、其代表、雇员和授权代理人因使用照片和/或录像而引起的或与之有关的任何和所有索赔、要求或诉讼理由, 包括任何诽谤、侵犯隐私或侵犯道德权利的索赔。

I acknowledge that I will not receive any compensation or royalties in connection with the use of the photographs and/or video recordings.

我承认我不会收到与使用照片和/或视频记录有关的任何补偿或版税。

I am at least 18 years of age and have read and understand the terms of this release. If I am under the age of 18, my parent or legal guardian has read and consented to the terms of this release.

我至少年满18岁, 并已阅读和理解本声明的条款。如果我未满18岁, 我的父母或法定监护人已经阅读并同意本声明的条款。

Volunteer Name (Print) 义工姓名 (正楷)

Signature 签名

Date 日期

Parent/Guardian Name (Print) 家长/监护人 (正楷)

Signature 签名

Date 日期

Parent/Guardian Signature required if applicant is under 18 如果未满 18 岁, 需要父母或监护人签名



PCR Waiver / PCR 免责声明

I hereby acknowledge and understand the Volunteer Policies and Guidelines of the Parent-Child Relationship Association (PCR). In my capacity as a prospective volunteer at PCR, I affirm the following: 我在此确认并理解亲子关系协会(PCR)的义工政策和指南。作为PCR的潜在义工, 我申明以下几点:

I attest to my physical fitness and readiness to perform my volunteer duties. In light of my acceptance as a volunteer, I consent to absolve, defend, indemnify, and hold harmless PCR, its affiliates and sponsors, their officers, directors, employees, representatives, and agents from any and all claims for expenses, personal injuries, losses, or damages that I may incur or cause during or in connection with my volunteer activities, whether arising from negligence or otherwise.

我保证我的身体健康, 并准备好履行我作为义工的职责。鉴于我被接受为义工, 我同意免除、辩护、赔偿并使PCR、其关联公司和赞助商、其官员、董事、员工、代表和代理免受我在作为义工活动期间或与我的义工活动有关的所有费用、人身伤害、损失或损害的索赔, 无论这些索赔是由于疏忽还是其他原因引起的。

I also grant full permission for the organizers to use any photographs, portraits, films, videos, and quotations from me in legitimate accounts and promotions related to this event and PCR. I understand that PCR reserves the right to collect additional information about me in the future as deemed necessary. 我也完全允许组织者在与本次活动和PCR相关的合法账户和促销活动中使用我的任何照片、肖像、电影、视频和报价。我明白PCR将保留在将来必要时收集我的其他信息的权利。

By applying to volunteer at PCR, I confirm my understanding of these terms and express my agreement to abide by them.

通过申请成为PCR志愿者, 我确认、理解并同意遵守这些条款。

Volunteer Name (Print) 义工姓名 (打印)	Signature 签名	Date 日期
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Parent/Guardian Name (Print) 家长/监护人 (打印)	Signature 签名	Date 日期
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Parent/Guardian Signature required if applicant is under 18 如果未满 18 岁, 需要父母或监护人签名