

僑務委員會、教育部
Overseas Compatriot Affairs Commission & Ministry of Education
2009 年海外華裔青年英語服務營報名表
Application Form for 2009 Overseas Youth English Teaching Volunteer Service Program

填寫報名表前，務請先詳閱活動簡章各項說明與規定。

(Please read admission guidelines carefully before filling out the application form.)

姓 名	中 文 NAME IN CHINESE		國 籍 Nationality				
	英 文 NAME IN ENGLISH	First /Middle /Last (in Capital Letters)					
出 生 地 BIRTH PLACE		出 生 日 期 DATE OF BIRTH	Month day year	性 別 GENDER	<input type="checkbox"/> 男 <input type="checkbox"/> 女 Male Female	相 片 (1 張) Attach a recent 1.5-inch photo here	
在家使用語言 Language spoken at home : <input type="checkbox"/> 華語 Mandarin , and/or <input type="checkbox"/> 其他 other : _____							
護 照 PASSPORT	發照地點 ISSUE PLACE		護照號碼 NUMBER		失效日期 EXPIRATION DATE		

父母住址 PARENTS' ADDRESS:					
父 親 FATHER (Write in Chinese)			母 親 MOTHER (Write in Chinese)		
姓名 NAME		日間電話		日間電話	
服務機構 COMPANY					
參加僑團或僑社 O. C. SOCIETY					

在台親友緊急聯絡人 (20 歲以上) RELATIVE OR FRIEND FOR EMERGENCY CONTACT IN TAIWAN (Above age 20)					
姓 名 NAME IN CHINESE		電話 Tel Tel	() ()	住家電話 Tel Home Tel	() ()
		傳真 Fax Fax	() ()	手機 Cellular Cellular	() ()
服務機構 COMPANY		職 稱 POSITION		與本人關係 RELATIONSHIP	

是否患有下列疾病? Do you have any of these diseases? 否 NO

痼疾 CHRONIC DISEASES, ex: _____ 精神心理疾病 PSYCHOGENIC ILLNESS

癲癇 EPILEPSY 心臟腦血管病變 CARDIO VASCULAR DISEASE

如患有上列疾病或其他疾病足以影響活動之進行，請勿報名，抵台後如經發現患有以上疾病，即須離營並自行負擔醫療及返居留地費用。
 Please do not apply for admission, if you have any of the above-mentioned diseases or any diseases which may affect the activity. If any of the above mentioned diseases is discovered after arriving in Taiwan, the participant must leave immediately and pay his/her own medical and return expenses.

請注意本頁每欄務必須填寫，否則申請表件不予受理。Please note that all information must be completed; otherwise your application won't be accepted.

① 申請人簽名 Applicant's Signature ② 家長簽名 Parent's Signature ③ 申請日期 Date of Application : (M) ____ / (D) ____ / 2009	送審證件 Documents submitted: I have enclosed copies of the following marked documents: <input type="checkbox"/> 出生證明 Birth Certificate <input type="checkbox"/> 保險證明 Health Insurance Certificate <input type="checkbox"/> 護照 Passport <input type="checkbox"/> 其他 _____
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以下請勿填寫 (審核用) Please do not write below this line (FOR OFFICIAL USE ONLY)			
駐外館處 / 收件單位名稱		收件日期	2009 年 月 日
審 查 單 位 意 見	1. 申請人確實具備華裔身分? <input type="checkbox"/> 是 <input type="checkbox"/> 否	其他意見:	
	2. 送審證件及所填資料是否齊全、屬實? <input type="checkbox"/> 是 <input type="checkbox"/> 否		
	3. 曾否參加本項活動? <input type="checkbox"/> 是 ____ 年, <input type="checkbox"/> 否	審 查 日 期	2009 年 月 日

GENERAL REGULATIONS 警隊規則

- (一) 欲參加活動之青年如有特殊疾病(包括心臟病、腦血管疾病、糖尿病、精神病、癲癇症、傳染疾病及其它可能發生身體重大不適症狀疾病等) 將可能影響活動之正常進行者，請勿報名參加。否則如因此發生意外事故應自行負責。
Applicants who have special medical conditions (including heart problems, diabetes, hypertension, epilepsy, etc.) that may affect their ability to serve are not encouraged to participate in this volunteer program. If they do, applicants will be personally responsible for taking care of their own medical conditions while participating in the volunteer program. The sponsors will not be held liable for any damages or accidents that occur as a result of applicants' health conditions.
- (二) 參加活動之青年應在當地辦妥個人醫療保險，如未依規定辦理者，一律不接受報到。
Participants must purchase medical insurance at their respective places of residence prior to attending the volunteer program. Otherwise, their participation will be denied.
- (三) 服務期間團員因疾病送醫治療，應自行負擔醫藥費，團員及家長不得向主辦單位提出任何要求。
The sponsors will not be held liable, nor be willing, to pay for any medical expenses incurred by its participants. Also, any requests for financial compensation for medical costs from the participants or their parents will be denied.
- (四) 參加活動之青年應無異議接受分配組別，分配確定後，不得藉任何理由要求更改。
In participating in the volunteer program, each participant will be assigned to a specific volunteering group. This group assignment is non-negotiable and will not be subject to change for any reason.
- (五) 參加活動之青年待班機確定後，請儘速上網填寫班機確認表，以便接機照料。
In order for us to provide an efficient airport pick-up service, participants who are not traveling with a group should notify the organizer of his/her flight number online at www.aidssummer.org as soon as possible. For participants traveling with a group, the group leader will need to notify the organizer for the arrival time of the group.
- (六) 參加活動之青年如有提早報到或延遲離營，其所需膳宿、交通等費用請自理。
The participant must take full responsibility for his/her own expenses of accommodations and ground transportation if he/she arrives earlier or leaves later.
- (七) 團體活動期間必須守時，遵守紀律與服務單位的規定，非經請假獲准不得無故缺席。
Participants are expected to attend and be punctual for every scheduled activity. Only valid reasons will be accepted to excuse the participant's absence from classes, lectures, and/or any other mandatory activities.
- (八) 團員於活動期間不得無故請假，或參與其它活動或自行旅遊。
During the volunteer program, participants should not take part in other programs or tours.
- (九) 禁止在活動期間飲酒、賭博、吃迷幻藥等。
Alcoholic beverages, gambling, and illegal drugs are strictly prohibited during this program.
- (十) 團員於活動期間須在晚間 11 時至清晨留在房間內，不得逗留在其他房間或外出。
Participants are not allowed to go out after 11:00PM, or stay in any other room or outside of their own room.

- (十一) 團員在活動期間不接受輔導及不遵守規定事項，致發生意外事故，應自行負責，主辦單位除有重大過失，對於該團員不負任何賠償責任。如有任何爭議皆依中華民國法律處理。

Participants are personally responsible for any accidents that occur as a result of not following the advice, rules, and regulations stipulated by the volunteer program. The sponsors will not be held in any way liable for any negligence on the part of the participants. If there are any disputes which may arise the laws of the Republic of China will prevail.

- (十二) 參加活動之青年來台後，應遵守活動規定，若有違反服務手冊規定，主辦單位有權中止其繼續參加活動，並通知其家長及在台監護人。

Participants are to abide by the rules and regulations of the volunteer program outlined in the Volunteer program Handbook. Any participant who deviates from these rules and regulations will be subject to probation and a permanent dismissal from participating in the volunteer program. The organizers of the volunteer program reserve the right to inform the parents, guardians, and/or relatives of the participant-in-question if such circumstances occur.

- (十三) 主辦單位須為參加者投保定額意外險與醫療險，建議參加團員加購更高金額的意外與醫療險。

The sponsors will provide accident and medical insurance during the volunteer program. Participants are recommended to purchase additional insurance policies.

- (十四) 團員因違法行為或其他歸責於團員之事由，致遭政府治安機關羈押或留置時，應由該團員自行負責，與主辦單位無涉，並負責賠償本活動主辦單位因此所受之一切損害。

Any infractions of the laws of the Republic of China or evidence of contribution to such infractions, resulting in punitive actions by the Republic of China government and/or law enforcement officials toward volunteer program participants, will be left as participant's own responsibility. The organizers will not be held responsible or liable for any such actions. In addition, the sponsors reserve the right to request for compensations from the participant, the participant's family and/or relatives, for any inconveniences or damages caused by the individual.

- (十五) 團員攜帶行李應力求簡單輕便，不得攜帶任何違禁品及保育類動物製品。

Participants are encouraged to pack lightly. Contraband articles and products made from endangered species are prohibited.

- (十六) 因病或其他原因無法上課或參加活動，須事前向主辦單位請假（備證明）；若需請假離營者須取得主辦單位同意。

Participants who are unable to attend classes or activities because of health complications or other situations should notify the organizers in advance (a written explanation from parents is needed). Permission from the sponsor (OCAC) is needed if the participant has to leave the program for the aforementioned reasons.

申請人已充分了解並同意遵守營隊報名須知所載之規定事項，請同意申請人參加本活動

I have hereby read and understood all the content of the written guidelines. I agree to abide by all rules and regulations

Applicant's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

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2009 海外華裔青年英語服務營健康證明

Health Certificate for the Overseas Youth English Teaching Volunteer Service Program

【Valid for Three Months ; Please mail to the to culture center that sent your admission letter】

中文姓 _____ (Name in Chinese) Assigned Volunteer ID No: _____
Name in English: _____ Home Tel: _____
性別 Gender: 男 Male 女 Female Passport or SSN ID No: _____
出生(月日年)Date of Birth: ____/____/____ 國籍 Nationality: _____
住址(address) : _____

本人決定不參加
Will not attend.
 若決定參加,請在此
黏貼個人相片
Will attend. Please
attach a recent 1.5-
inch photo here

身體檢查 PHYSICAL EXAMINATIONS

A.身高 Height: _____ Ft / In cm D.體重 Weight: _____ Lb Kg
B.脈搏 Pulse: _____ 次 / 分 time / min E.血壓 Blood pressure: _____ / _____ 毫米汞柱 mm Hg
C.心臟 Heart: 正常 Normal 異常 Abnormal F.體肢運動 Locomotors: 正常 Normal 異常 Abnormal

免疫注射證明 PROOF OF VACCINATIONS

The above named individual has completed each immunization of:

A. a TB Test has been taken within last 2 years. B. Hepatitis B series on _____
C. DTP on _____ D. MMR on _____ E. Td on _____
F. Polio on _____

疾病史 MEDICAL HISTORY

♥ 您是否曾經感染下列疾病 Have you ever had the following diseases ?

A.心臟病 Heart disease: Yes No F.癲癇 Epilepsy: Yes No
B.氣喘病 Asthma: Yes No G.腎臟病 Kidney disease: Yes No
C.高血壓 Hypertension: Yes No H.瘧疾 Malaria: Yes No
D.糖尿病 Diabetes: Yes No I.肝病 Liver Disease: Yes No
E.過敏病症 Allergies: Yes No J. She/He is allergic to: _____

結論:根據以上的檢查結果,他/她 適合 不適合 在缺乏醫療設備的偏遠鄉村工作。

Remarks:

The above named individual is is not recommended for working in a volunteer program at a remote school.

Healthcare Provider's name (print) _____ Clinic's name _____

Healthcare Provider's signature _____ License Number _____ Issuing State _____

Located in the county of _____ Tel: _____ Date:(M)____/(D)____/2009

I hereby submit this document and agree to participate in the Volunteer Program for assisting students in the remote areas in Taiwan. I have carefully reviewed my summer schedules and give my commitment to this program in the highest priority over any other event.

Volunteer's Signature _____ Date: _____