

**2018 NDNU STARTALK Summer Institute**

**Volunteer Student Program Application for June 25-28, 2018**

**Student Information**

Name \_\_\_\_\_  
Last First Middle

Phone (Home)\_\_\_\_\_ (Cell)\_\_\_\_\_ Email\_\_\_\_\_

Address \_\_\_\_\_

School \_\_\_\_\_ Age \_\_\_\_\_

Grade Level \_\_\_\_\_ Chinese Level \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone (Home)\_\_\_\_\_ (Cell)\_\_\_\_\_ (Work)\_\_\_\_\_

**Allergies and Special Meal Request**

My child is allergic to \_\_\_\_\_

My Child needs special meals: \_\_\_Vegan, \_\_\_Gluten Free, \_\_\_\_\_Others (Please Specify)

**Parent Information**

Name \_\_\_\_\_  
Last First Middle

Phone (Home)\_\_\_\_\_ (Cell)\_\_\_\_\_ Email\_\_\_\_\_

By signing below, I consent to my child's participation as a volunteer student in the 2018 NDNU STARTALK Summer Institute. I also consent that part of the lessons my child participate in can be videotaped and used by the NDNU STARTALK Program.

\_\_\_\_\_  
Parent Signature

Date\_\_\_\_\_