



ocapica

## OCAPICA Project C.A.L. 24 Application Summer 2006

Please Print or Type

*All information is kept confidential*

### General Information

---

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

Address: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Telephone: (\_\_\_\_) \_\_\_\_\_ Secondary Telephone: (\_\_\_\_) \_\_\_\_\_

Gender:       Female    Male                      Age: \_\_\_\_    Date of Birth: \_\_\_\_\_

### Education

---

2005-2006 School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

### Student Information

---

Please answer the following questions on additional sheet of paper.

1. We would like to know more about YOU. In a one page essay, please briefly describe yourself (interests, talents, hobbies, personal philosophy), any activities you have participated in, and anything interesting about you that you would like to share.
2. C.A.L. 24 will be heavily working on Voting and Immigration rights through the arts medium, what are your personal philosophies regarding voting and immigration rights and how would you go about in making your opinion and ideals heard?
3. Please prioritize from 1-4( 1 being your first pick) what areas of interest you may want to focus on during this program.  
       \_\_\_\_\_ Film/digital media    \_\_\_\_\_ Performance arts    \_\_\_\_\_ Visual Arts    \_\_\_\_\_ Written Word/Journalism

---

The DEADLINE to submit this application is Friday June 30th, 2006. Please submit to:

Vicky Ojerio  
OCAPICA  
12900 Graden Grove Blvd. Suite 214A  
Garden Grove, CA 92843

Phone #: 714-636-9095 Ext. 207  
Fax #: 714-636-8828  
Email: vojerio@ocapica.org

## Statistical Information

Information will be used for purposes of statistical analysis only. It is not used in the admissions process. Providing this information is voluntary.

**Ethnic Identity** - Please specify ethnic group(s), i.e. Vietnamese, Mexican, Korean, Pilipino, Samoan, Salvadoran, etc.

African American      White/Anglo      Native American/Am. Indian      Native Hawaiian/Pacific Islander

\_\_\_\_\_

Asian American      Latino/Hispanic      Other (please specify)

## Family Information

	Mother	Father
<b>Name:</b>		
<b>Parent(s) Occupation:</b>		
<b>Parents' Highest Level of Formal Education:</b> (Please circle appropriate level)	<b>Grade School</b> 1 2 3 4 5 6 7 8  <b>High School</b> 9 10 11 12  <b>College</b> 1 2 3 4 Bachelor's Degree  <b>Graduate School</b> Master's      Doctorate's  <b>Other</b>	<b>Grade School</b> 1 2 3 4 5 6 7 8  <b>High School</b> 9 10 11 12  <b>College</b> 1 2 3 4 Bachelor's Degree  <b>Graduate School</b> Master's      Doctorate's  <b>Other</b>
<b>Primary Language spoken at Home:</b>		

## Signature

If accepted, I agree to fully participate and commit to the Orange County Asian & Pacific Islander Community Alliance (OCAPICA) Project C.A.L. 24 Program for its nine-week duration.

Signature of Applicant (in ink) \_\_\_\_\_ Date of Application: \_\_\_\_\_

### *Internal Office Use Only*

Date Received:	Received by:	Status: <input type="checkbox"/> Approved <input type="checkbox"/> Denied
----------------	--------------	---



## OCAPICA Project C.A.L. 24 Application 2006

ocapica

*Please Print or Type*

### OCAPICA Photograph Release Form

---

This agreement is made and entered into as of July 10th, 2006 through August 25th, 2006, by and between the Orange County Asian & Pacific Islander Community Alliance (OCAPICA), with offices at 12900 Garden Grove Blvd., Suite 214A Garden Grove, CA 92843 and \_\_\_\_\_

participant/child's name

I hereby grant permission for OCAPICA to use photographs for use in any and all media and methods of transmission and/or distribution now or hereafter known, including but not limited to film, print, video, computer, Worldwide Web, Internet Website, Email, FTP, computer network, and digital reproduction and distribution, for illustration, art promotion, advertising, trade, sales, or any other purpose whatsoever.

I hereby waive any right to inspect or approve the photographs or electronic matter that may be used in conjunction with them now or in the future, whether that use is known to organization or unknown, including but not limited to any re-use, distortion, blurring, alteration, optical illusion or use in composite form, either intentionally or otherwise, that may occur in relation to the finished product.

I hereby agree to hold harmless OCAPICA from and against any claims, and waive any right to royalties or other compensation arising from or related to the use of the photographs.

PERMISSION GRANTED FOR THE USE REQUESTED ABOVE:

\_\_\_\_\_  
[Parent/Guardian's Signature]

\_\_\_\_\_  
[Name]

\_\_\_\_\_  
[Date]



# OCAPICA Project C.A.L. 24 Application 2006

ocapica

Please Print or Type

## Parent/Guardian Consent Form

---

Student Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

*I, the parent or guardian of the above-named child, hereby register him/her for participation in the Project C.A.L. 24 / Afterschool Program and fully agree to the rules and regulations of the Orange County Asian and Pacific Islander Community Alliance (OCAPICA) and do hereby release OCAPICA and its directors, representatives, employees, and volunteers from any liability. I, the parent or guardian, release OCAPICA from all responsibilities from injuries of any nature incurred while participating in the Project C.A.L. 24 / Afterschool Program. I understand that my child will be supervised by a professional at all times, and that medical insurance is my responsibility.*

## Emergency Medical Treatment

---

*In the event \_\_\_\_\_ (student's name) becomes ill or sustains an injury while in the care of or under the supervision of the Project C.A.L. 24 / Afterschool Program coordinators and volunteers or other OCAPICA representatives, they are given permission to administer first aid for his/her relief. If it is not practical to return him/her to us to receive our instructions for his/her care, consent is given to any licensed physician and/or surgeon called or to whom our child is taken for treatment, to administer such treatments, drugs, and medicines and to perform such surgical procedures as he/she shall deem the existing emergency or injury requires for the relief of pain and to preserve his/her life and health.*

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Allergies (if any): \_\_\_\_\_

Name(s) of any medication currently taken: \_\_\_\_\_

- I, the parent/guardian, am the primary contact OR
- The emergency contact listed below is the primary contact:

In case parent/guardian cannot be reached in an emergency, please contact:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**I HAVE READ, UNDERSTOOD, AND AGREE TO ALL OF THE ABOVE.**

\_\_\_\_\_  
Name of parent/guardian (Please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian's Signature