



## 2019 “汉语桥—美国高中生夏令营”教师申请表

### Application Form for 2019 Chinese Bridge Summer Camp Chaperons

请用英文提供以下信息,并打印。/ Please provide following information and type in English.

#### 1. 申请人情况/Personal information:

护照名/Passport Name: \_\_\_\_\_

姓/Last Name: \_\_\_\_\_

名/Given Name: \_\_\_\_\_

出生日期/Date of birth: \_\_\_\_\_

国籍/Nationality: \_\_\_\_\_ 性别/Gender: 男/Male ☐ 女/Female ☐

护照号码/Passport #: \_\_\_\_\_

护照有效期/Passport Expiration Date: \_\_\_\_\_

职务/Position: \_\_\_\_\_ 单位/Institution: \_\_\_\_\_

工作地址/Work Address: \_\_\_\_\_

办公电话/Office Phone: \_\_\_\_\_ 传真/Fax: \_\_\_\_\_

办公邮件 Work Email: \_\_\_\_\_

使用语言情况/Which language(s) you can speak?

英语/English ☐ 汉语/Chinese ☐ 其他/Other ☐

如果你选择“其他”，请说明。/If you choose “other”, please indicate. \_\_\_\_\_

照片  
Photo

#### 2. 紧急联络人信息

联络人 1/Contact #1

姓名/Name: \_\_\_\_\_ 家庭电话/Home Phone: \_\_\_\_\_

办公电话/Office Phone: \_\_\_\_\_ 手机/Cell Phone: \_\_\_\_\_

联络人 2/Contact #2

姓名/Name: \_\_\_\_\_ 家庭电话/Home Phone: \_\_\_\_\_

办公电话/Office Phone: \_\_\_\_\_ 手机/Cell Phone: \_\_\_\_\_

### 3. 医疗信息/Medical Information

1) 你目前是否在接受治疗? /Are you currently receiving medical treatment?

是/Yes ☐ 否/No ☐

如果是, 请说明/If yes, please indicate. \_\_\_\_\_

2) 你目前是否在接受心理咨询或治疗? /Are you currently receiving counseling or medication for any psychological or emotional conditions?

是/Yes ☐ 否/No ☐

如果是, 请说明/If yes, please indicate. \_\_\_\_\_

3) 你是否有任何过敏? /Do you have any allergies?

是/Yes ☐ 否/No ☐

如果是, 请说明/If yes, please indicate. \_\_\_\_\_

### 4. 项目背景/ Program Background

1) 是否到过中国? / Have you been to China before? 是/Yes ☐ 否/No ☐

2) 是否参加过“汉语桥-美国高中生夏令营”项目? 哪年参加的? / Have you participated in the “Chinese Bridge-Summer Camp for U.S. High School Students” before?

是/Yes ☐ (when: \_\_\_\_\_) 否/No ☐

5. 请附上个人简历/Please attach your CV (Please attach a separate sheet, minimum 150 words.)

### 申请人声明/Declaration of applicant:

我特此证明:/ I hereby certify that:

本表所填写的内容和提供的材料真实无误/ All the information on this form is true and correct.

申请人签字/Signature of Applicant: \_\_\_\_\_

日期/Date: \_\_\_\_\_

(手写/Handwriting)

## Confucius Institute Supplemental Documents

### Document 1. Assumption of Risk and Release Form for Study Abroad

THIS IS A RELEASE OF LEGAL RIGHTS. READ AND UNDERSTAND BEFORE SIGNING.

Name of Participant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Program: Confucius Institute Chinese Bridge Summer Camp Program

Home Institution: \_\_\_\_\_

I hereby agree as follows:

- Risk of Study Abroad:** I understand that participation in the Confucius Institute at Cleveland State University's Program herein referred to as "the Program" and as specified above, involves risk not found in study at the University. These include risks involved in traveling to and within, and returning from, one or more foreign countries; foreign political, legal, social, and economic conditions; different standards of design, safety, and maintenance of buildings, public places and conveyances; local medical services; local weather conditions; and other matters described on a separate Program Risk Advisory which I have received, reviewed, and initialed, and which is incorporated by reference in this Release Form. I have made my own investigation and am willing to accept these risks. It is each student responsibility to be on time, in Cleveland, at the preset departure point, and to have all necessary paperwork, for the international trip to China.
- Institutional Arrangements:** I understand that the University does not represent or act as an agent for, and cannot control the acts or omissions of, any host institution, host family, transportation carrier, hotel, tour organizer or other provider of goods or services involved in the Program. I understand that the University is not responsible for matters that are beyond its control. I hereby release the University from any injury, loss, damage, accident, delay or expense arising out or any such matters.

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*Campus Location:* Rhodes Tower, Room 1237 ♦ 2121 Euclid Avenue ♦ Cleveland, Ohio

*Phone:* (216) 523-7577 *Email:* [x.zhang27@csuohio.edu](mailto:x.zhang27@csuohio.edu)

3. **Independent Activity:** I understand that the University is not responsible for any injury or loss I may suffer when I am traveling independently or am otherwise separated or absent from any University-supervised activities.
4. **Health and Safety:**
- A. I have consulted with a medical doctor with regard to my personal medical condition and needs. There are no health-related reasons or problems which preclude or restrict my participation in this Program.
  - B. I am aware of all the applicable personal medical needs. I have arranged, through insurance or otherwise, to meet any and all needs for payment of medical costs while I participate in the Program. I recognize that the University is not obligated to attend to any of my medical or medication needs, and I assume all risk and responsibility therefore. If I require medical treatment or hospital care in a foreign country or in the US during the Program, the University is not responsible for the cost or quality of such treatment or care.
  - C. The University is not obligated to but may take any actions it considers warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for any actions.
5. **Standards of Conduct:**
- A. I understand that each foreign country has its own laws and standards of acceptable conduct, including dress, manners, morals, politics, drug and alcohol use, and behavior. I recognize that behavior which violates those laws or standards could harm the University's relations with those countries and the institutions therein, as well as my own health and safety. I will become informed of, and will abide by, all such laws and standards in each country to or through which I will travel during the Program.
  - B. I also will comply with the University's rules, standards and instructions for student behavior. I waive and release all claims against the University that arise at a time when I am not under such direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards, and instructions.
  - C. I agree that the University has the right to enforce the standards of conduct described above, in its sole judgment, and that it will impose sanctions, up to and including expulsion from the program, for violation of these standards or for any behavior detrimental to or incompatible with the interest, harmony, and welfare of the University, the Program, and other participants. I recognize that due to the circumstances of foreign study programs, procedures for notice, hearing, and appeal applicable to student disciplinary proceedings at the University do not apply. If I am expelled from the Program, I consent to being sent home at my own expense with no refund of fees.
  - D. I will attend to any legal problems I encounter with any foreign nationals or government of the host country. The University is not responsible for providing any assistance under such circumstances.
6. **Program Changes:** The University has the right to make cancellations, substitutions, or changes in case of emergency or changed conditions or in the interest of the Program. I understand that the Program may be cancelled due to insufficient number of students and that conditions may force a change in itinerary,

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schedules, and programs. I understand that the University's fees and program changes are based on current airfares, lodging rates, and travel costs, which are subject to change. If I leave or am expelled from the Program for any reason, there will be no refund of fees already paid. I accept all responsibility for loss or additional expenses due to delays or other changes in the means of transportation, other services, sickness, weather, strikes, or other unforeseen causes. If I become detached from the Program group, fail to meet a departure bus, airplane or train or become sick or injured, I will, at my own expense, seek out, contact, and reach the Program group at its next available destination.

7. **Assumption of Risk and Release of Claims:** Knowing the risks described above, and in consideration of being permitted to participate in the Program, I agree, on behalf of my family, heirs, and personal representative(s), to assume all the risks and responsibilities surrounding my participation in the Program. To the maximum extent permitted by law, I release and indemnify the State of Ohio, Cleveland State University and its trustees, officers, employees and agents, from and against any present or future claim, loss or liability for injury to person or property which I may suffer, or for which I may be liable to any other person, during my participation in the Program (including periods in transit to or from any country where the Program is being conducted.)
8. I understand that future Study Abroad Program promotional materials may include statements and /or photographs of participants, and I consent to the use of my comments and/or photographs.

I carefully have read this Release Form before signing it. No representations, statements, or inducements, oral or written, apart from the foregoing written statement, have been made. This agreement shall become effective only upon receipt of my application by Cleveland State University at its offices in Cleveland, Ohio and shall be governed by the laws of the State of Ohio, which shall be the forum for any lawsuits filed under or incident to this agreement or to the Program.

x \_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## Confucius Institute Supplemental Documents

### Document 2. Photography and Material Release Form

I hereby give Cleveland State University permission to copyright, use, publish, and distribute in any medium and for any purpose the photographs including videos and still photographs taken, during my participation in the Confucius Institute Chinese Bridge Summer Camp Program, of me or in which I may be included with others and to use my name in connection with the photographs.

I hereby release Cleveland State University, as well as the photographer, from any and all claims and demands arising out of or in connection with the use of the photographs.

I certify that I hereby grant Cleveland State University and the Confucius Institute at CSU permission to use and distribute material that I submit to the Confucius Institute at CSU on a royalty-free basis for news and public-information purposes at the discretion of Cleveland State University and the Confucius Institute at CSU. Such uses include, but are not limited to, posting the material on the CSU and Confucius Institute at CSU Web site (thereby making it generally available to such outlets as news organizations, universities, teachers and the general public) and distributing the material to other Web sites for educational and/or informational purposes.

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Participant Name (Please Print)

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Signature of Participant

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Date

## Confucius Institute Supplemental Documents

### Document 3. Medical Information Form for Study Abroad

**Participant's Name (printed):** \_\_\_\_\_

**To be completed and signed by participant's physician.**

1. Does the participant have allergies to medications? If so, please specify.
2. Does the participant have other allergies? If so, please specify.
3. Is the participant currently taking prescription medicine? If so, please specify.

This statement is to verify that \_\_\_\_\_ (participant's name) is in good health and able to participate in the activities of the Chinese Bridge Summer Camp Program for American High School Students.

**Physician's Printed Name** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Phone** \_\_\_\_\_

\_\_\_\_\_  
Clinic, Hospital, or Physician's Office  
Address Stamp

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## Confucius Institute Supplemental Documents

### Document 4. Extended Travel Permission & Medical Form – Participant

Participant's Name \_\_\_\_\_ Date \_\_\_\_\_

Name as printed on passport (**exact** spelling): \_\_\_\_\_

Group or Program \_\_\_\_\_

Destination \_\_\_\_\_

Departure and Return Dates \_\_\_\_\_

#### MEDICAL/EMERGENCY CONTACT INFORMATION (Please print)

#1 Emergency Contact Person's Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

#2 Emergency Contact Person's Name \_\_\_\_\_

Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

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**Contact person if emergency contact persons cannot be reached** (please list 2-3 people):

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Phone numbers: Home \_\_\_\_\_

Work \_\_\_\_\_

Cell \_\_\_\_\_

## **MEDICATION(S) student will be traveling with:**

*All prescription medication (with the exception of inhalers and EpiPens) will be collected prior to departure. Medication should be carried in the container in which it was dispensed (e.g. prescription bottle), including the drug's generic name and the prescribing physician's name. Note any special storage requirements (e.g. refrigeration). All medication will be held, dispensed and administered under the supervisions of a chaperon or administrative staff member. If additional space is needed, please attach a separate list.*

Medication \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Reason \_\_\_\_\_

Medication \_\_\_\_\_ Reason \_\_\_\_\_

## **May the student be given the following over-the-counter medications if needed?**

<b>Acetaminophen</b> (Tylenol) Yes_____ No_____	<b>Loperamida</b> (Imodium) Yes_____ No_____
<b>Pseudoephedrine</b> (Sudafed) Yes_____ No_____	<b>Dimenhydrinate</b> (Dramamine) Yes_____ No_____
<b>Ibuprofen</b> (Advil/Motrin) Yes_____ No_____	<b>Antacid</b> (Tums, Mylanta) Yes_____ No_____

**Does the participant have ALLERGIES or health concerns that chaperons should be aware of?**  
**Please be specific.**

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**Are there any other drugs (prescription or nonprescription) that should NOT be administered? If so, please list.**

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**Has the participant had any medical problems or illnesses during the last year? Please list.**

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Physician \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Date of Last Tetanus Shot (Must be within the past 5 years) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Participant's Name \_\_\_\_\_

*In case of an emergency, every effort will be made to contact you or the persons that were listed as the emergency contacts. However, if all attempts are not successful, it is important that you grant permission for a licensed physician or accredited hospital and their associates to perform any medical/surgical procedures that are deemed necessary for the treatment of the named individual.*

*In the reasonable attempts to contact me have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by a licensed physician or dentist; and (2) the transfer of the child to any hospital reasonably accessible.*

Signature of Participant \_\_\_\_\_ Date \_\_\_\_\_

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## Confucius Institute Supplemental Documents

### Document 5. Statement of Health Insurance for Study Abroad

The undersigned certifies that he/she has health and hospitalization insurance which is applicable overseas.

Participant Name (print) \_\_\_\_\_ SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Insurance Provider \_\_\_\_\_

Group Number \_\_\_\_\_

Member Number \_\_\_\_\_

Claims Department phone number \_\_\_\_\_

Please attach photocopy of insurance card or other proof of enrollment in an appropriate health insurance program.

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## 2019 年汉语桥-美国高中生夏令营监护人合同

### 2019 Chinese Bridge Summer Camp for American High School Students

### Chaperon Agreement

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## Chaperon Statement

I have answered all questions honestly, and to the best of my knowledge used original ideas in my short answer essay. If selected as a chaperon to participate in the Chinese Bridge Summer Camp for American High School Students June \_\_ - June \_\_, 2019, I will do my best to take up all the responsibilities of student management, including:

- (1) I will be always available 24 hours, seven days during the stay in China in the first moments of anything happening, such as trouble shooting on site issues, problems and emergencies with the host school, etc.
- (2) I promise not to leave the camp site without being given official and formal permission from the host school.
- (3) I will communicate and contact with the parents of the campers and the host school in a professional way.
- (4) I will help with orientation before departure.
- (5) I will discuss and create the curriculum before and during the camp if necessary.
- (6) I will help to organize the campers and manage the activities together with the host school.
- (7) I will chaperon students before departure from and after arrival in Cleveland
- (8) I will contact parents and the host school whenever it is needed.
- (9) I will take pictures of student daily activities and submit the photos to Confucius Institute at CSU upon return to Cleveland. These pictures include individual and collective people, visiting the historic sites, etc.
- (10) I will write an after-camp report of two pages about the program, helping organize and collecting evaluation from participating students, etc.

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Name (PRINT)

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Signature

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Date

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## Contract

As a chaperon for the Hanban Chinese Bridge Summer Camp for American High School Students in China, I understand that my selection and participation are based upon the merits of my application, and I verify that the information I have provided about myself during the application process and in the selection interviews is accurate and truthful.

I have signed the Risk and Release Form, Medical Information Form, Statement of Health Insurance, Extended Travel Permission & Medical Information, and Photography Release Form. I will follow the visa instructions and provide related information, and documents.

As a chaperon, I understand that there are certain guidelines I need to follow in order to make the trip accomplished and enjoyable for the other staff and for the students:

1. I agree to submit all pre-departure paperwork in a timely and professional manner. My acceptance to the program is, in part, determined by the timeliness of the required documents.
2. I understand that my program application along with supporting documentation will be released to the Confucius Institute Headquarters/Hanban and the Confucius Institute at Cleveland State University as the host organization and that my acceptance into the program is subject to their approval.
3. I understand that the pre-departure orientation for my program is part of my responsibility, and I will make arrangements to attend that orientation. I understand that missing the pre-departure orientation is grounds for revocation of my acceptance to the program.
4. I agree to fully participate in the Chinese Bridge Summer Camp program to the best of my abilities. I agree to follow the laws in China and follow the Summer Camp rules and policies.

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## Safety and Emergencies

As a chaperon, you are responsible to accompany your students for all the required time in China. However, there is some free time built into the itinerary based on the host school time schedule, and there are some important things for you to remember in order to ensure the safety of your students.

1. You will have a list of the students that are traveling as a part of your group with you at all times. You will be provided a list with the following information: students' names, students' passport numbers, students' birthdates, students' parent/guardian names and contact information, emergency numbers, any medications the students take, allergies, and students' cell phone numbers if they are travelling with one. In addition, you will write down students' room numbers (if staying at a hotel).
2. Before you go anywhere and wherever you are, you will always check your list to see if the students are present.
3. You will always make certain that students are aware of meeting times and places. Remind them to be on time. You will always make sure that students have a business card from the hotel with the hotel's address and phone number on it before leaving.
4. You will make sure students have your cell phone number and/or the guide's cell phone number in case they need to contact you. You will show the students where your hotel room is located in case of an emergency.
5. You will do a bed check every night to make sure all students are in their rooms, and you will check in with each student daily to make sure they are doing well.
6. You will keep to a time schedule but also be flexible when changes need to be made. Wake students up at the designated time so that the itinerary can be kept on schedule. You will facilitate settling any disputes among students.
7. You will implement any necessary disciplinary actions. Note: use of alcohol and drugs will not be tolerated and will result in the immediate dismissal of the student(s).
8. You will be responsible to address any issues such as health, hygiene, cleanliness, behavior, etc., including the state of their hotel rooms.
9. Should an emergency present itself, here are some examples of the steps that will be followed:

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#### Checking In:

Chaperons will always have a checklist with the names of the students that are on the trip. Should any student(s) be missing upon roll call, the other chaperons will search for the student(s) that is/are not present. If needed, the chaperons shall report to the host school and/or the Confucius Institute at the CSU immediately. If needed, the chaperons will agree upon a gathering place and time.

#### Injury/Sickness:

If a student gets injured or sick during the trip, one chaperon will remain with the student while the other chaperon gets help. The rest of the group will stay at a safe distance until help comes and they can move elsewhere. If the student needs to be taken to a doctor, one chaperon will accompany the injured/sick student while the other stays with the group. The chaperons will establish a meeting time and place and be in constant communication with one another.

#### Hospital/Visiting Doctor:

In the case of a medical emergency, the student will be taken to the nearest hospital. A doctor may also be called upon to visit the hotel and attend to the injured/sick student.

#### Notification:

The parent/guardian or emergency contact together with the leader of the Confucius Institute at Cleveland State University will be notified immediately if there is any emergency or irregularity. In the case of a medical emergency, medicine or any medical procedures will be administered at the discretion of the doctor. The chaperon will provide the doctor with the medical emergency form including a list of any medical allergies.

#### Natural Disaster or other Emergency Situation:

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Should a natural disaster or any other emergency situation occur, the chaperons will immediately gather the students, go through a roll-call and seek safety.

The representatives will then contact the leader of the Confucius Institute at Cleveland State University with updates on the situation. If the guide is injured and incapable of making the call, the chaperons will be responsible for contacting the representatives. Their contact information will be provided prior to the trip.

With my signature on this Chaperon Agreement, I wish to activate my application for the 2017 Chinese Bridge Summer Camp for American High School Students offered by the Confucius Institute Headquarters/Hanban and the Confucius Institute of Cleveland State University.

I agree to adhere to the above requirements and to follow the safety guidelines and emergency procedures set forth in this contract in order to ensure the safety of the students.

_____	_____	_____
Name (PRINT)	Signature	Date

**Hanban Reserves the Rights to the Final Interpretation of the Camp Regulations and Activities.**

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## DISCLOSURE

As part of our hiring background and investigation, we may obtain consumer reports to prepare an investigative consumer report. The investigative consumer report may consist of contacting all listed prior employers to verify your employment history. It may also include, but not be limited to, credit information reports, criminal history reports and driving history records. Under the provisions of the Fair Credit Reporting Act (15 USC at 1681-1681u) as amended, before we can seek such reports, we must have your written permission to obtain the information. You have the right, upon written request, to a complete and accurate disclosure of the nature and scope of the investigation. You are also entitled to a copy of your Rights under the Fair Credit Reporting Act. Your investigative report will be prepared by Asurint. Asurint's web address is [www.asurint.com](http://www.asurint.com).

- ☐ California, Oklahoma, Massachusetts, Minnesota, New York, Maine, Washington, and New Jersey residents only: If you are a current resident of CA, OK, MA, MN, NY, ME, WA, or NJ, you have the right to receive a copy of any consumer report pertaining to you that is obtained by us from a consumer reporting agency. If you would like a free copy of any report that is obtained or prepared, please check the box.

If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to Cleveland State University (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

## Criminal History

Have you ever been convicted of a criminal offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please describe details including the nature and circumstances of the offense(s) and date(s) of conviction, term(s) of incarceration and probation (if any). A conviction will not necessarily be a bar to employment. The type of offense, age at the time of conviction, length of time since conviction, subsequent employment history, and job relatedness of the offense, among other factors will be considered.

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## AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

In connection with my application for employment or continued employment at Cleveland State University (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.

Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.

I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.

I acknowledge that under provision of the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer report and/or investigative report. I acknowledge that I may request a copy of any consumer report from the consumer reporting agency that compiled the report, after I have provided proper identification.

I hereby authorize, without reservation, any reference, agency, institution, firm, school, employer, or other applicable record source contacted by Cleveland State University or its agent, to furnish the information about me described in this release.

I hereby authorize Cleveland State University to obtain and prepare a consumer report and/or investigative consumer report as set forth above, as part of its investigation of my employment application. I voluntarily provide my date of birth in order to obtain, and verify records obtained in, the background check. This authorization shall remain in effect over the course of my employment. Reports may be ordered periodically during the course of my employment.

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Please print clearly

Full Name: \_\_\_\_\_  
Signature

\*\*\*\*\*THE INFORMATION SUPPLIED BELOW WILL ONLY BE USED TO REQUEST AND VERIFY RECORDS\*\*\*\*\*

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

Maiden Names/Prior Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ DOB: \_\_\_\_\_

DL Number: \_\_\_\_\_ DL State: \_\_\_\_\_ Exp Date: \_\_\_\_\_