



Office use only		
Deposit \$	Cash () Check () #	
Date	Site #	

EIU Alternative Spring Break '17 – USA sites Application

A compassionate, meaningful and transforming service experience! **March 12-18, 2017**

PLEASE READ CAREFULLY

- Complete the following application, and return it to the Student Volunteer Center, 500 Roosevelt Ave .
- **\$25 Non- Refundable Deposit** must be turned in with your application. Total ASB fee is \$200
- **Apply by Dec. 9, 2016: \$150, Apply by Feb. 3, 2017: \$175, Apply by Feb. 17, 2017: \$200**
- Balance due on **Feb. 20th, 2016** - A cancellation for any reason after **March 1st** forfeits **\$75 plus deposit: -\$100 total.**
- **What is included?** *Send Off Dinner, transportation, site fees, housing, meals on site and a t-shirt.*
- **Make checks payable** to: Newman Catholic Center with ASB on the memo line.

These trips will involve daily faith-based reflection

Name _____ MI _____ Last Name _____ (F) (M) Age _____	
Birth date ____ / ____ / ____ Phone _____	
CHARLESTON ADDRESS Street _____ # _____	
Email _____	
Major: _____ Minor: _____	
Classification: () FR () SO () JR () SR () GRAD () FAC/STAFF () ALUMNI Year of Grad _____	
If you are 21 or over, would you help us with driving? Yes No	
If so: Drivers License # : _____ Expiration date ____ / ____ / ____	
* If you do not attend EIU, please list the university (if any) at which you are currently enrolled: _____	
T-shirt size (circle one) S M L XL XXL	
HOME ADDRESS Street _____ # _____	
City _____ ST _____ ZIP _____ Home Phone: _____	
Religious Affiliation: _____ Home Church: _____	
EMERGENCY CONTACT AND MEDICAL INFORMATION Relation to you: _____	
Emergency contact: Name _____ MI _____ Last Name _____	
Contact address if different than home: _____	
Phone number (if different than home) _____	
Do you have the EIU Insurance? If yes, please state your "E" number _____	
If not please complete the following (application will not be processed without this information).	
Health Ins. Co. _____ Policy number: _____	
Do you have any medical conditions or allergies? _____ Are you on daily medication? _____	
Please describe in case of emergency: _____	
Dietary Needs? _____	

WHERE WOULD YOU LIKE TO SERVE?

- **You must put down at least three site choices!!!** Only rank those you are interested in and realize you may not get your first choice. *If needed, see brochure for full site descriptions or call the SVC 217 348 0188.*
- **First come first serve basis.**
- **Which is more important?** Your first choice () or being with a friend ()?
 - **This may determine if your site choices are already full.*
 - Who is the friend you want to be with? Name: _____

____ CHRISTIAN APPALACHIAN PROJECT - McKee, KY	____ BIG OAK BOYS RANCH - Gadsen, AL
____ HABITAT FOR HUMANITY - Jackson, MS	____ OPERATION BREAKTHROUGH - Kansas City, MO
____ DUCHESNE HOUSE - New Orleans, LA	____ GLENMARY FARM - Grainger Co., TN
____ L'ARCHE HOUSE - Mobile, AL	____ WHITE VIOLET CENTER - Terre Haute, IN

- **How did you hear about ASB?** Posters____ DEN____ Table-Tents____ Friend____ Facebook____
Church____ In class by teacher____ In class by student____ Other_____

ALL PARTICIPANTS OF THE ASB 2015 PROGRAM

- * Must attend two **meetings** with your site leader prior to spring break.
- * Must attend the **Send Off Dinner** on Thursday, **March 9th at 6:00 pm** if you are not working or in class.
- * Must attend the **ASB reunion** on **Thursday, March 23th at 6 :00pm**
- * Must participate in **daily reflection** with your site leader, group, and/or volunteer community.
- * Must **live in community** with other volunteers. This includes sharing meals and following the rules set forth by your particular site.
- * **These trips will involve faith-based reflection**

ALCOHOL / DRUG FREE PHILOSOPHY

The ASB program promotes an alcohol/drug-free philosophy. This prohibits alcohol consumption or illegal or irresponsible drug use by anyone, **regardless of age**, participating in the Alternative Spring Break. Any participant who does not adhere to this policy will be asked to leave the program, and return to his or her place of residence *at their own expense*. Support of this policy by all involved is essential for a safe and socially aware break.

Please initial here to indicate that you have read and fully understand this paragraph: _____

*****If you have a conflict with any of these, please talk to the ASB Coordinator before completing this application.**

APPLICATION ESSAY - Please elaborate.

Please answer the following questions in full. Type your responses and attach your answers to your application.

1. Have you been on ASB or a service related trip in the past? Where did you go?
2. What do you expect to get from this week?
3. What motivates you to apply for an Alternative Spring Break?



Rules for Volunteer Trips:

1. Volunteers will stay with the group the entire trip. Absolutely NOBODY will leave the volunteer site to go home, visit with relatives or friends or use this as an opportunity to go "site seeing" without the group.
2. There will be no use of alcohol or drugs on the volunteer trip.
3. The site leader and backup driver are the only persons allowed to drive the vans.

Failure to adhere to these rules will result in the site leader sending the volunteer back to Charleston via bus or train at the volunteer's expense. That volunteer will also be banned from all volunteer trips the Student Volunteer Center offers for the remainder of his/her college career.

I have read and understand the rules put forth by the Student Volunteer Center. I will abide by these and am willing to pay the consequences if I fail to follow these rules.

Signature _____ Date _____

Release of Liability:



WHEREAS, I wish to participate in the Alternative Spring Break Program;
WHEREAS, I understand that my work will consist of contributing to various projects; and,

WHEREAS, I understand I will be residing in community with other volunteers; and,

WHEREAS, I understand and recognize that there exists the possibility and risk of bodily injury to me or damage to my property while traveling to and from the community in which I am working, and during my stay and my participation in the program; and

WHEREAS, I acknowledge that my participation in the volunteer trip is voluntary and that I will receive no academic credit or monetary compensation for participation.

NOW, THEREFORE, for and in consideration of The Newman Catholic Center (Student Volunteer Center) allowing me to participate in the voluntary program, I hereby release, relieve, and hold harmless The Newman Catholic Center, the Diocese of Springfield in Illinois, its employees and representatives from any liability or claim of liability, including liability for bodily injury, death or property damage arising out of or in connection with my participation in the volunteer program, including my travel to, from and around the locations where I will be residing and working during the program, except such liability or claim of liability as may result from the gross negligence on the part of the Newman Catholic Center.

By signing below, I acknowledge that I have read the release of liability and am signing it voluntarily.

Signature

Date

Witness

Date