Dear Student,

 Thank you for your interest in the international Alternative Spring Break trip! We are looking forward to facilitating a service trip that is fulfilling and beneficial to both our students and our agency site. Enclosed you will find helpful information about our spring break trip. If you have any questions, please contact us at 683-6948 or volunteer@odu.edu. Here is an overview of the logistics of our trip:

**Dates:** Saturday March 9th-Saturday March 16th

**Transportation:** Students will be flying. Details on this will be forthcoming, but expect to fly from Norfolk VA to Antigua, Guatemala with at least one layover/ transfer) **Students are required to take ODU provided transportation to and from Guatemala. Please DO NOT book your own flight.**

**Lodging:** While in Guatemala, our accommodations will be in the volunteer house or with a host family in Antigua.

**Service Agency:** We will be working with Cultural Embrace on a spring break service-learning trip program. Students will volunteer their time at various community projects in and around Antigua.

**Cost:** The estimated cost for the trip is $2000 per person which includes roundtrip airfare, medical insurance coverage for the week\*, accommodations, all meals while in Guatemala, all ground transportation, six hours of Spanish or basket weaving lessons, entrance fees to all entertainment sites, service work, and bi-lingual guide and trip leader to accompany students throughout the duration of the trip. The application and deposit of $350 is due by December 7th at 5PM. Applications may be turned into the CSCE office at 1063 Webb. The next payment of $825 will be due January 18th and the last payment of $825 will be due Feb 1. You will be responsible for airport taxes (if applicable), passport fees, food while traveling to and from Guatemala, and spending money. The suggested amount of spending money to bring is $150-$200.

**Entertainment:** There will have free time while in Guatemala, along with arranged group cultural excursions, allowing us to see what the country has to offer! These excursions are arranged and include Monterrico Beach/mangrove boat ride, walking tour of Antigua, Salsa dance lessons, hike Volcan Pacaya, and a coffee farm visit**.**

**Items Required to Bring on Trip:** Students are required to bring a valid passport. Students are also asked to bring comfortable clothing to work in (both long and short sleeved shirts, jeans, and shorts if the weather and volunteer work permits), items such as sunscreen or bug spray, a flashlight, and any personal items they feel necessary. Students are highly discouraged from bringing valuables. Please consider packing light to avoid additional airfare taxes. Any additional requirements are forthcoming.

**Instructions:** Please fill out all sheets in this packet completely. Attach your deposit (checks should be made out to Old Dominion University). ***A deposit of $100 for all domestic trips or $350 international is due with the application.*** Once a space on the trip is awarded, your deposit will not be refunded. Incomplete applications will not be accepted. We have provided a checklist on the bottom of this page to help you ensure you have completed the entire application. Spaces are limited and will be awarded based on a review of this application and ODU status verification. ***Return applications to 1063 Webb Center, spots are awarded on a First Come First Served basis.*** ODU students registered for at least **SIX CREDIT HOURS** can attend this trip. Individual students can reserve no more than 2 spaces. When all spaces have been filled, applications will still be accepted and placed on a waiting list. Applicants will be notified via e-mail if they have received a spot on one of the trips.

**I am applying for placement on the: (check one only)**

* Domestic
* Domestic
* Domestic
* Antigua, Guatemala (*$2000)*

*\*Please see attached trip details for what this price includes. Students may be responsible for other costs associated with the trip.*

**Volunteer Information:** *(Name provided must EXACTLY match the name on your government issued photo ID. We will use this to reserve your plane ticket if applicable)*

First Name Middle Initial Last Name

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

Campus/local Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ODU UIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ODU Standing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Gender: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ T-shirt Size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Liability Waiver for Alternative Spring Break 2013

**By signing below, I agree to all of the following statements**:

-I understand that there is a zero tolerance policy for drug or alcohol use during my Alternative Fall Break trip.

-I release Old Dominion University and the Center for Service & Civic Engagement from any and all claims/liabilities that may result from my Alternative Spring Break trip.

-I believe that I am well enough to perform all duties outlined in the Trip Details Sheet and to travel by plane or van from Old Dominion University to my destination.

-I understand that Old Dominion University and the Center for Service & Civic Engagement are not responsible for any of my personal belongings and will not replace anything that is lost, stolen, and/or damaged during my trip.

-I understand that I will be responsible for paying for other associated costs described in the trip details sheet during my trip.

-I am at least 18 years of age and have agreed to take this trip at my own risk.

Signature Printed Name

Date UIN

**For Office Use Only:**

Date/Time Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check #: \_\_\_\_\_\_ or Cash: \_\_\_\_\_

Check submitted to cashiering date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check returned to applicant date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Medical Form- ASB 2013**

**Volunteer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ UIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Information**

Health Insurance Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Known Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current Prescriptions/Medications: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Blood Type: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you Diabetic: Yes No

Do you have a history of Seizures: Yes No

Do you have any other medical conditions that you would like emergency personnel to know about in the event of an accident/injury? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact**

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

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**By signing below, I certify that the information provided on this form is true to the best of my knowledge and agree that the Center for Service & Civic Engagement Representative can release this information to Emergency Medical Personnel if I am involved in an accident or am injured while on the Alternative Spring Break trip.**

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**By signing below, I:**

* Guarantee that all information provided in this packet is true to the best of my knowledge.
* Confirm that I am a currently registered for at least 6 credit hours and give permission to the Center for Service & Civic Engagement to verify this information.
* Confirm that I have read and understand the entire trip details sheet.
* Commit to attending all of Alternative Spring Break and understand that once I am awarded a space on the trip of my choice that my deposit is non-refundable. I further understand that if I fail to attend Alternative Spring Break that I will be responsible for refunding Old Dominion University for any non-refundable costs incurred on my behalf.
* Understand that if I am placed on the waiting list that I am not guaranteed a space on the Alternative Spring Break trip and that my deposit will be returned to me if I am not assigned a space by February 16, 2013 (February 1st for International trip).

Signature Date

**Volunteer Checklist to ensure completed application:**

\_\_ indicated desired trip

\_\_ signed/completed Application

\_\_ signed liability wavier

\_\_ signed/completed emergency medical form

\_\_ deposit attached