Wittenberg Habitat for Humanity
Service Immersion Spring Break Trip Application

Trip Information:

When:
The week of Wittenberg’s spring break (March 8-14). Groups will depart during the first weekend of spring break and will return during the last weekend of spring break. Exact times will depend on the length of the drive to each location.

Where:
Richmond, Kentucky (about 3 hours away)
Morgantown, West Virginia (about 4.5 hours away)
Birmingham, Alabama (about 9 hours away)
Decatur, Alabama (about 7 hours away)
Monroe, North Carolina (about 8 hours away)

Transportation:
Witt vans!!!

Notification:
The participants for all Habitat trips will be announced by December 10, 2014.

Cost:
$175—This will be due Friday, January 16, 2015. In addition, students will be responsible for some meals while on the trip.

Applications are due by Monday, November 17, 2014 to Box 2320

Name: _______________________________     Class Year: ____________

Cell Phone #: ___________________________     Box #: ________________

Email Address: ________________________________

T-Shirt Size: (Circle one)          Small         Medium         Large         XL         XXL

Are you going on a spring break trip to fulfill the community service requirement?
(Circle one) YES     NO

(If so, you must register for CMSV 100 for Spring 2015 by January 16, 2015)
Service Immersion Spring Break Trip Application Continued

Rank your preference of location:
1. _______________________
2. _______________________
3. _______________________

Would you rather go to a certain location or with friends? (Circle one)

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<th></th>
<th>Location</th>
<th>Friends</th>
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<tr>
<td></td>
<td>YES</td>
<td>NO</td>
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If you would rather go with friends, please list their names:
__________________________________________________

Would you be interested in being a trip leader? YES NO

Would you be interested in being a driver? YES NO
(Drivers must be 20 years old as of the dates of the trip)

Please respond to the follow questions on a separate piece of paper; attach your responses to your application.

1. If you were to set a goal for what you would like to accomplish or experience on this trip, what would it be and why?

2. Please describe your experience with Habitat (not having any is okay!). What draws you to Habitat’s mission?

3. If applicable, why would you be a good trip leader?

As a part of the application process, please read and sign the attached waivers. Also be aware that further information (medical, allergy, emergency, etc.) will be collected at a later date. If you are planning to use this trip towards your CMSV100 credit, register for the course in preparation for the trip. Habitat will arrange an opportunity for you to build in Springfield as a part of your CMSV100 experience. We can’t wait!!!
Waivers and Forms for Service Immersion Trips (Domestic) without a faculty/staff advisor

Student Name____________________________________________________________

Service Immersion Trip_____________________________________________________

Substance Free Waiver
Trips are substance free because doing so allows participants to focus on the purpose and learning goals of the program, and contributes to the safety and well-being of all participants, the group, and the community in which they are serving. It also expresses respect for the community and the host organizations with whom service immersion trip participants serve and interact.

I understand that the Service Immersion Trip is a substance free trip and I understand that by signing this waiver I agree to remain substance free (free of alcohol and illegal drugs) for the duration of my individual trip. If I choose to break this pledge, I understand that I will be held liable under Wittenberg’s Code of Conduct, and may be asked to leave the trip at my own expense.

I have read this Waiver in its entirety and I fully understand it. If I am under 18 at the time of signing this Waiver, I attest that a parent or legal guardian has also read and signed it on my behalf.

<table>
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<tr>
<th>Print Name</th>
<th>Date</th>
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<tbody>
<tr>
<td>Signature of Student</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Parent or Guardian (If student is under the age of 18 as of date of this signature)</td>
<td>Date</td>
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Consent to Disclosure of Education Records
I hereby authorize and direct Wittenberg University to disclose to the Community Service Program (“CSP”) my education records as described below. The purposes of this disclosure are for CSP to determine whether I will be accepted as a participant in a service immersion trip.

The records I authorize and direct to be disclosed to CSP and by CSP to the faculty/administrator trip leader:

1. Records reflecting disciplinary or misconduct proceedings and/or sanctions taken against me by my home institution.

I understand that by signing this consent I am waiving certain rights granted to me by the Family Educational Rights and Privacy Act, 20 USC Section 1232g, and I waive those rights voluntarily by signing this consent. I further understand that I have the right to revoke this consent at any time by notifying Wittenberg University and CSP of my revocation of this consent. To ensure proper notification of revocation of this consent, I understand that I should submit my request in writing to Wittenberg University and CSP.

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Waiver, Release, Indemnification

I fully recognize and hereby acknowledge that there are dangers and risks to which I may be exposed by virtue of my participation in a Service Immersion Trip, or travel to and from one of the designated sites for this program. I have had the opportunity to discuss those risks and any concerns that I may have had about them. I understand that Wittenberg University does not require me to participate in this activity, and I voluntarily choose to do so despite the possible dangers and risks.

I therefore agree to assume and take on myself all of the risks and responsibilities in any way associated with this activity. In considerations of any services, facilities, or other things provided to me by Wittenberg University in connection with, and of their permission to participate in, this activity, I, acting on behalf of myself and my heirs, executors, administrators, and assigns, hereby waive and release Wittenberg University, the Community Service program, and their respected trustees, officers, employees, and agents (collectively, the University) from any and all liability, claims, actions, or damages caused in whole or in failure to supervise on the part of the University, that may arise in connection with this activity. I further agree to indemnify the University and to hold them harmless from and against any and all claims brought by others, including spectators, arising as a result of my participation in the above mentioned event.

I recognize that by signing this Waiver means that I am giving up, among other things, my right to sue the University for injuries, damages, or losses that I may incur by virtue of my participation in the Service Immersion Trip.

I have read this Waiver in its entirety. I fully understand it and agree to be legally bound by it. If I am under 18 at the time of signing this Waiver, I attest that a parent or legal guardian has also read and signed it on my behalf.

Signature of Student          Date

Signature of Parent or Guardian       Date
(If student is under the age of 18 as of date of this signature)

Photograph and Publicity Release

I hereby grant to Wittenberg University the right to publish, broadcast, webcast, or disseminate in any other form or medium any or all of the following:

- Stories and/or information about me that I have provided to them for use in news stories, publications, promotional materials, web features and/or any other university purposes.
- Photographs, video, audio, and other images or likenesses of me for use in news stories, publications, promotional materials, web features and/or any other university purposes.

All photographs, video, audio, images, likenesses, stories and other materials will remain the property of Wittenberg University.

Signature of Student          Date

Signature of Parent or Guardian       Date
(If student is under the age of 18 as of date of this signature)
Emergency Contact Information
Volunteer Mobilization department

Team Leaders: KEEP THIS FORM WITH YOU AT ALL TIMES! Do NOT return it to the Collegiate Challenge office!

Collegiate Challenge Participant: Thoroughly complete this form and return it to your team leader.

1 PARTICIPANT INFORMATION

Full name ________________________________
Allergies (medicine, food, etc.) ________________________________
Any special dietary needs ________________________________
List any medication being taken ________________________________
Date of last tetanus shot ________________________________
Physical impairments ________________________________
Other ________________________________
Family physician ________________________________
Address ________________________________
City __________________ State __________________ Zip/Postal code __________________
Phone ( __________________
Name of insurance carrier __________________
Phone number of insurance carrier ( __________________ Policy number __________________
Social Security number of the policy member (i.e. parent) __________________

2 IN CASE OF EMERGENCY, CONTACT:

Name __________________ Relationship __________________
Address __________________
City __________________ State __________________ Zip/Postal code __________________
Daytime phone ( __________________ Evening phone ( __________________ Call ( __________________
Note: The Campus Chapters and Youth Programs department of Habitat for Humanity International does not require completion of Parental Authorization for Treatment of a Minor Child, but the school faculty member/chaperone of the Collegiate Challenge trip can require the completion by participants under 18 years old.

I ____________________________, am the parent or legal guardian having custody of ____________________________, a minor child. As such parent or legal guardian, I hereby authorize and appoint ____________________________, an adult in whose care the minor child has been entrusted as my agent to act for me with respect to my minor child, ____________________________, from this ______ day of ____________________________, 20______ to the ______ day of ____________________________, 20______, and in my name in any way I could act in person to make any and all decisions for me with respect to my minor child, ____________________________, concerning my minor child’s personal care, medical treatment, hospitalization and health care and to require, withhold or withdraw any type of medical treatment or procedure, including X-ray examination, anesthetic, medical or surgical diagnosis or treatment which may be rendered to my minor child under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state in which treatment is sought. My agent shall have the same access to my minor child’s medical records that I have, including the right to disclose the contents to others.

Witness ____________________________ Parent/Guardian ____________________________

Witness ____________________________ Parent/Guardian ____________________________

This Parental Authorization for Treatment of a Minor Child sworn to and subscribed before me by ____________________________, and ____________________________, the parents or legal guardians of ____________________________, a minor child, this ______ day of ____________________________, 20______.

Notary Public ____________________________

My commission expires ____________________________