Alternative Spring Break 2012

Back to the Basics.

Alternative Spring Break (ASB) Mission Statement
The mission of the Alternative Spring Break seeks to expose students to diverse cultures and traditions through service and activism, as students are immersed in unique environments. Concepts of social justice, economic disparity, and community outreach are explored through the depths of spirituality, education, and vocational discernment.

Alternative Spring Break 2012 Purpose
The purpose of the Alternative Spring Break is to provide a service learning opportunity for Howard University students willing to commit themselves to a worthy cause by positively impacting the lives of themselves and others.

Alternative Spring Break 2012
Alternative Spring Break 2012 will be continuing its reach by returning to its six primary service areas of the previous year: Atlanta, Chicago, Detroit, D.C., New Orleans, and Haiti (separate application). The determination of the location in which you will serve will be guided by the service project preference you select, your interest statement, your completed recommendation form, and the attached supplementary documents. Please be advised that the selection process is very competitive. All applications will be reviewed by a panel of University Administrators. Incomplete applications will NOT be reviewed. Students will be notified via email when they are selected for Alternative Spring Break.

ALTERNATIVE SPRING BREAK 2012
March 10th-17th, 2012

Please read and fill out the application accurately and thoroughly
ALL APPLICATIONS ARE DUE BY FRIDAY January 13, 2012 AT 5:00 P.M.

Completed applications are to be submitted to:
The Chapel Office (located on the lower level of the Carnegie Building)

Alternative Spring Break Application Packet Checklist
o Application
  o Ensure that the application is TYPED
o Interest Statement
  o 500 word (minimum) statement indicating your interest in ASB 2012
o Recommendation Form
  o To be filled out by an instructor, administrator, or advisor
o Supplementary Documents
  o Event Participation Release Agreement & Medical Release
o Team Leader Application (optional)
  o If you would like to be a team leader for ASB 2012, please complete the attached application and essay, and turn it in with the participant application by January 13, 2012.
APPLICATION (MUST BE TYPED)

Personal Information

Howard ID Number @_____________________________________  Date____/____/____

Name

| Last | First | Middle |

Date of Birth ____/____/____

○ Male ○ Female

Current Mailing Address

___________________________________________________________________________________

City__________________________ State/Province_______ Zip Code____________

Telephone (___) _______ - _______  Email_______________________________________________

Classification (check appropriate box):

○ Freshman (First Year Undergraduate Program)
○ Sophomore (Second Year Undergraduate Program)
○ Junior (Third Year Undergraduate Program)
○ Senior (Fourth + Year Undergraduate Program)
○ Graduate/Professional

School/College

____________________________________________________________________________________

Major/Department

____________________________________________________________________________________

T-Shirt Size (select one):

___ Small   ___ Medium   ___ Large

___ X-Large   ___ XX-Large   ___ XXX-Large
Emergency Contact Information

Name

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<th>First</th>
<th>Middle</th>
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Relationship______________________________

Mailing Address_____________________________________

City__________________________ State/Province_______ Zip Code____________

Telephone (___) _______ - ________ Email_________________________________________

Service Project Preference (Check One): (selected project preferences are NOT guaranteed)

- Lobbying against Gun Violence & Education Advocacy (Chicago, IL)
- Education Advocacy centered on Literacy & Mentoring (Detroit, MI)
- Education Advocacy in Elementary Schools, Homelessness Aid, & HIV/AIDS Awareness (Washington, DC)
- Mentor Advocacy, Community Advocacy, & Environmental Development (New Orleans, LA)
- Youth Development with local HBCU partnerships (Atlanta, GA)

Interest Statement (TYPED)

In your 500-word minimum statement, please answer the following question(s) that apply:

First Time Participants: Considering your service project preference, how do you believe your gifts and talents could be used to benefit your target community of interest? How do you believe that service in this area could further enhance your personal gifts and talents? (TYPED, 12 point font, Times New Roman)

Returning Participants: Considering your previous Alternative Spring Break experience(s), how do you believe you can contribute to this year’s theme: Back to the Basics? How do you believe your previous experience(s) contributed to your personal growth? (TYPED, 12 point font, Times New Roman)

I have personally reviewed the above information and attest that it is true to the best of my knowledge. I understand that the information is strictly confidential and will not be released to anyone without my written consent, except in an emergency or by Court Order.

Signature of Student

Date

Parental/Guardian Permit (must be completed if student is under 18 years of age):

The Law requires that parental permission be obtained for medical treatment of minors. A parent or guardian should sign the following consent form so that medical treatment may be promptly carried out. However, no major operation will be performed, except in extreme emergency, without parent/guardian being contacted and fully informed.

I give permission for such diagnostic procedures as may be deemed necessary for my daughter/son/ward.

Signature of Parent/Guardian

Date

All questions regarding the Alternative Spring Break 2012 application can be sent to the Alternative Spring Break 2012 Steering Committee at: HUALTERNATIVESPRINGBREAK@GMAIL.COM

For updates and recent news, follow us: twitter.com/huasb and join our Facebook group: HU Alternative Spring Break 2012
## Alternative Spring Break 2012 Recommendation Form

(To be turned in with the completed ASB application packet by **January 13, 2012 at 5pm** in the lower level of the Carnegie Building.)

**Date ____/____/____**

Name of Applicant:
________________________________________________________________________

Name of Recommender:
________________________________________________________________________

Title or Position:
________________________________________________________________________

Telephone: _________________________ Email: _______________________________

Please rate the applicant based on the following. Place a check in the appropriate box for each category: 1-Lowest—5-Highest

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<th>Evaluation Category</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>No Basis</th>
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<tr>
<td>Motivation and Perseverance</td>
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<td>Commitment to Service</td>
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<td>Willingness to learn and accept guidance</td>
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<td>Independent and self-directed</td>
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<td>Ability to work effectively as a team member</td>
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<td>Ability to adapt well to new situations, people, and/or environments</td>
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<td>Commitment and dedication to his/her responsibilities</td>
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Do you recommend this candidate for acceptance as a participant for Alternative Spring Break 2011? Please provide a detailed explanation. (You may include an additional sheet if desired.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Alternative Spring Break Medical Release

Name: ___________________________ ID Number: ___________________________

Medical Information

Do you have any known sensitizations or allergies?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any chronic disabilities or illnesses (past or present)?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any health issues that you feel we should be aware of (asthma, respiratory problems…etc)?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you take any medications? Do you need assistance administering these medications? Are there any side effects that you feel we should know about? Any special storage instructions?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any restrictions of activity due to medical reasons?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Do you have any special dietary needs or restriction?
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Health Insurance

Health Insurance Covered by:
________________________________________________________________________

Address:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Policy Number: ____________________________________________________________
HOWARD UNIVERSITY
EVENT PARTICIPATION RELEASE AGREEMENT

TERMS AND CONDITIONS

This agreement pertains to the proposed participation by ________________________________ in a Howard University event, known as the ____________________________ (the “Event”), scheduled for [dates] at the ____________________________ [location of site]. In consideration for being allowed to participate, participant and participant’s parent or legal guardian, if participant is a minor or otherwise without capacity (hereafter, “Participant”), hereby agrees to and accepts all of the provisions herein.

1. **General Release**: Participant understands and acknowledges that participation in the Event is entirely voluntary and that any activity, such as the Event involves some element of risk, including the travel to and from the Event. Participant shall not attempt to hold Howard University, its trustees, officers, employees, faculty members, or agents or any other person or entity involved with conducting the Event financially responsible or otherwise liable for any personal injury or death, or for the loss of or damage to any personal property arising out of, during, or in connection with the Event or Participant’s participation therein, including but not limited to any injuries or death resulting from the rendering of emergency medical procedures or treatment, if any, pursuant to paragraph 4 below. It is my express intent that this Covenant Not to Sue and Agreement to Hold Harmless shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representatives, if I am deceased, and shall be governed by the laws of the District of Columbia.

2. **Event Changes, Cancellation or Termination**: Participant understands and acknowledges that the University reserves the right to make cancellations, changes, or substitutions as it may deem necessary. Should the University cancel the Event for any reason, at its sole discretion, full refunds of Event fees (if any) will be made to those having paid such fees in accordance with current published University policies.

3. **Insurance Coverage**: The undersigned acknowledges that the University requires that all Participants be covered by appropriate accident and health insurance and that Participants be financially responsible for any and all such expenses. By signing this form Participant represents and warrants that Participant is in compliance with this insurance requirement. Participant further acknowledges that the University recommends that Participants insure any personal property that will be brought, stored, or used on any property of the University.

4. **Medical Treatment**: Participant acknowledges that while Participant is participating in the Event, an emergency may develop that necessitates medical care, hospitalization, or surgery. The University assumes no responsibility for providing or arranging for such medical treatment. However, should the University undertake to provide or arrange for such treatment it will, to the extent it deems practicable, attempt to contact the person designated below, prior authorizing or arranging for such treatment. What is practicable may vary depending upon the nature of the emergency. Therefore, the undersigned authorizes the University, through any of its employees or agents, to secure any necessary emergency medical treatment on behalf of and at the expense of the Participant, including the administration of anesthesia and surgery. The undersigned acknowledges that such treatment shall be solely at Participant’s expense and the undersigned agrees to reimburse the University for any expenses which it may incur on account of Participant’s injury or treatment.

5. **Overseas Medical Treatment**: Participant is on notice that not all health insurance plans cover treatment and procedures outside of the United States of America. In the event that the Event includes foreign travel and Participant’s health insurance plan does not cover treatment outside of the USA, Participant should forego the Event. In any event, all liability for any decision to participate in the Event without an adequate health insurance plan rests with Participant.

6. **Voluntary or Involuntary Withdrawal or Dismissal**: The undersigned acknowledges that all Participants are subject to University regulations, Event guidelines, and laws of the local jurisdiction. In the event of a violation of these or behavior deemed by the University to be detrimental to the interests of the
University, other Participants, or the Event, the University, though its agents conducting the Event, shall have the right at its sole discretion to dismiss Participant from the Event. Such decision to dismiss shall be final.

Participant agrees to pay for all costs arising out of Participant’s voluntary or involuntary withdrawal from the Event prior to its completion for whatever reason, including withdrawal caused by illness or disciplinary action, as set forth above. Participant shall not assert claims for or hold the University, its trustees, employees, officers, faculty, or agents or others involved in conducting the Event responsible for any costs or losses resulting from said Participant’s participation or withdrawal.

7. **Pledge:** Participant hereby agrees to comply fully with the rules of the University and directions by its administrators or agents. Participant further agrees that the University has the right to enforce its standards of conduct and that should Participant fail to comply with them, the University has the right to terminate the Participation in the Event with no refund of money paid, if any. Participant further agrees that the policies of the University may be applied to Participant and that the University shall have the right to exercise the policies of the University.

**I, THE PARTICIPANT, HAVE READ AND UNDERSTAND THE ABOVE PROVISIONS AND AGREE TO BE BOUND BY THEM AS INDICATED BY MY SIGNATURE BELOW.**

Participant’s Name____________________________________________________________ (Please Print)

Participant’s Address___________________________________________________________

Telephone Number______________________________________________________________

Participant’s Signature__________________________________________________________ Date:

(Parent or Guardian’s Signature, if applicable)

**Emergency Contact:**

Name__________________________________________________________

Address__________________________________________________________

Telephone Number (Day & Evening):__________________________________________

FAX: ________________________________________________________________
Howard University
Alternative Spring Break 2012
Team Leader Application

Name: __________________________  Classification: _______________
ID #: __________________________  Major: _______________________
Contact #: _____________________   Email: _______________________

Emergency Contact: ______________
   Name
Relationship: _____________________
Contact #: _______________________

- Please provide a brief explanation as to why you want to be a Team Leader and qualities that you have that will be useful in making Alternative Spring Break a continued success.
- Please make statements no longer than 500 words and attach them to your application.

*Applications are due January 13, 2012 in the lower level of the Carnegie Building by 5PM
*You will be contacted to discuss your availability for an interview for this position.