Fall 2013
MEMORANDUM

To: All Interested Students

From: Cori Jackson
   Director of the Center for Student Involvement

Re: Alternative Spring Break 2014

Thank you for expressing interest in the Alternative Spring Break program. This memo outlines the information that you need to know about this program. It also poses some questions for you to think about while you make your decision of whether or not you want to participate in the Alternative Spring Break Program. Attached you will find an application form that must be filled out in its entirety in order to be considered as a participant. This application is due in the Center for Student Involvement on or before Wednesday, November 20th, 2013. You must also attend one of the following group information sessions. All will be held at the Center for Student Involvement on the first floor of the Angell College Center.

Monday, November 4th 10AM
Tuesday, November 5th 2PM
Thursday, November 7th 3PM
Monday, November 11th 11AM
Tuesday, November 12th 9AM
Wednesday, November 13th 11:30AM
Thursday, November 14th 3PM
Friday, November 15th 1PM
Monday, November 18th 2PM
Tuesday, November 19th 10AM
Wednesday, November 20th 2PM

As of this date, the Alternative Break Program is offering six trips – 5 open trips and 1 for members of fraternities/sororities. Nine student participants and two site leaders (in one van) will be going to each site.

<table>
<thead>
<tr>
<th>Site #1</th>
<th>The SHACK program (Fraternity/Sorority Life)</th>
<th>Pursglove, WV</th>
<th>Community outreach</th>
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<tbody>
<tr>
<td>Site #2</td>
<td>Habitat for Humanity</td>
<td>Bridgeport, CT</td>
<td>Building homes</td>
</tr>
<tr>
<td>Site #3</td>
<td>Habitat for Humanity</td>
<td>Greensboro, GA</td>
<td>Building homes</td>
</tr>
<tr>
<td>Site #4</td>
<td>Habitat for Humanity</td>
<td>Georgetown, SC</td>
<td>Building homes</td>
</tr>
<tr>
<td>Site #5</td>
<td>SCA</td>
<td>Mt. Rogers, VA</td>
<td>Trail maintenance</td>
</tr>
<tr>
<td>Site #6</td>
<td>Tri-County Head Start</td>
<td>Bridgeton, NJ</td>
<td>Work with preschoolers</td>
</tr>
</tbody>
</table>
The trips will be leaving around March 15\textsuperscript{th} and returning to campus around the 22\textsuperscript{nd}.

Working with various volunteer agencies is not always an easy job, so you must be both flexible and understanding. Some of the work you will be doing will depend on the weather, which might be unpredictable.

As you may or may not know, to be a participant of the Alternative Spring Break Program you must also make a financial commitment. \textbf{If you are selected to be a participant, you must give the Alternative Break Program $90 by Monday, December 2\textsuperscript{nd} to confirm your position. This money is non-refundable.} Along with this financial commitment, you must also agree to actively participate in the fundraising efforts for this program. The overall budget for Alternative Breaks 2014 is about $40,000. With everyone’s combined efforts we will be able to raise all the money.

You also need to know that the Alternative Break Program is \textit{drug and alcohol-free}. From the time you leave on the trip until the time you arrive back in Plattsburgh, you must agree to live with this standard. If you think this might pose a problem for you, you might want to consider your involvement with this program. If you would like an explanation, don’t hesitate to stop in or call.

We predict that a lot of people will express interest in this program, but will not follow through with handing in an application and scheduling an information session. You should be aware that this type of experience is not for everyone (of course you could never really know for sure until you have experienced something of this nature). We want you to think long and hard about your commitment and whether or not you are up for the challenge. Some things you should be thinking about include: long van rides EACH WAY; the living conditions, which includes preparing meals; the lack of privacy for a week; the work, which will be hard both physically and emotionally; and the uncertainty and possible lack of organization of the projects you will be working on once you arrive at your site.

If you come to the conclusion that you want to go on this trip (after considering everything and you have gotten permission from your family, if you need to), fill out the attached application in its entirety. Some of the questions will make you think. This application is meant to help you with your decision making, so please be honest and true to yourself.

We know this is a lot of information. If you have any questions or want to talk about this program, do not hesitate to stop in the Center for Student Involvement (first floor Angell College Center) at any time or you can call 564-4830. Good Luck!
ALTERNATIVE SPRING BREAK 2014
APPLICATION FORM

Name: ____________________________________________

School or Local Address: ____________________________________________

Phone Number: ___________________ Banner ID or User Code: ___________________

Age: _______ Gender: _______ E-mail Address: ____________________________

Major: ___________________ Academic Class: _______ # of Credit Hours Completed _______

T-shirt Size: ________

Have you participated in Alternative Spring Break or Alternative Winter Break in the past?  Y / N

Please be complete in your responses to the following questions. Answer them on an additional sheet(s) of paper. Please type or print your responses. Take some time to reflect on the questions before answering them. Please be honest when answering these questions.

1) What do you hope to accomplish in one week? What qualities and skills do you possess that would help you do this?
2) A group of your close friends are planning a trip to an exotic and far away island. They really want you to join them and ask you to explain why you want to participate in the Alternative Spring Break Program. Give your response.
3) What do you think the overall goals of Alternative Break trips should be?
4) What excites you the most about going on a trip of this nature?
5) What fears do you have about going on a trip of this nature?
6) What do you perceive to be the biggest challenges for you concerning the travel situation and the living conditions? How do you think you might cope with these challenges?

I agree, by signing below, that 1) I will give $90 as a non-refundable confirmation fee no later than Monday, December 2nd, if selected; and 2) I will live with and support the program’s standard of being drug and alcohol-free. I also agree to actively help with fund raising and planning efforts.

________________________________________
Signature of Applicant

Date

Please mark your preferences: 1 being your first choice and 2 being your second choice, etc. Rank EVERY option. If you need more information about the sites, stop in to the Center for Student Involvement.

_____ Site #1  The SHACK program (Fraternity/Sorority Life – YOU MUST BE A MEMBER TO CHOOSE THIS SITE) Pursglove, WV Community outreach

_____ Site #2  Habitat for Humanity Bridgeport, CT Building homes

_____ Site #3  Habitat for Humanity Greensboro, GA Building homes

_____ Site #4  Habitat for Humanity Georgetown, SC Building homes

_____ Site #5  SCA Mt. Rogers, VA Trail maintenance

_____ Site #6  Tri-County Head Start Bridgeton, NJ Work with preschoolers

1. Once you have completed the entire application, including the above questions, please return everything to Cori Jackson in Student Activities & Volunteerism.
2. All applications are due no later than Wednesday, November 20th, 2013.
3. Remember that you must also be part of a group information session on or before November 20th, 2013.
PHI 395 ETHICS IN ACTION PRACTICUM

Spring 2014
Tuesday 4:00 — 6:45

Reflect, Discuss, Write about Real World Ethical Issues in Community Service and Professional Studies

Prerequisites:
Sophomore Standing or POI
Liberal Arts: 1-3 Credits

Requirements
• Complete Learning Contract and Internship Proposal Form;
• Enroll in Alternative Spring Break for spring 2014 and take PHI 395C for 3 credits; or
• Fulfill 45 hours of community service activities through Project HELP in spring 2014 and take PHI 395C for 3 credits; or
• Satisfy at least 45 hours of field experience (practicum or internship) in another department during spring 2014 and take PHI 395A for 1 credit or 395B for 2 credits; or
• Design your own community service activity and implement this project in spring 2014 (totaling 45 hours) and take PHI 395C for 3 credits.

Objectives:
• To acquaint students with a variety of ethical issues that may emerge from the practice of doing community service or the practice of professional service;
• To encourage students to become agents of social justice through the practice of community service or the practice of professional service;
• To provide an opportunity for students to read, write, reflect, and discuss the ethical dimensions of community service or professional service activities.

For more information contact:
Dr. Beth Dixon
beth.dixon@plattsburgh.edu

Department of Philosophy
SUNY Plattsburgh
101 Broad St.
Plattsburgh, NY 12901
(518) 564-2831

NEW COURSE
Please complete each of the following forms as part of your application.

We ask every participant to complete Habitat for Humanity’s Emergency Contact Information form. It is very helpful for site leaders for all trips (Habitat or not).

We would also like you to complete the Collegiate Challenge Release and Waiver of Liability form whether you expect to participate in a Habitat trip or not. If you are not assigned to a Habitat trip, we will shred this document. Complete everything except where it says “Habitat for Humanity host affiliate site”, “insert name of local affiliate” and “insert any additional parties if applicable”. We will complete this part for you.

Please note, some of these forms require a witness to your signature. Staff in the Center for Student Involvement and/or site leaders may not be your witness.

If you have any questions about completing these forms, please stop by the Center for Student Involvement.
PLATTSBURGH STATE UNIVERSITY OF NEW YORK
2014 ALTERNATIVE BREAKS
HOLD HARMLESS AGREEMENT/RELEASE/INDEMNIFICATION
OF ALL CLAIMS AND COVENANT NOT TO SUE

The Alternative Break Program you are about to participate in can result in several positive outcomes for you--including helping people in need of help, developing new skills, exploring a new geographic location, meeting new people and making new friends, and establishing a sense of civic responsibility. The nature of the activities associated with the Alternative Break Program brings many benefits, but there are also some possible risks we want you to be aware of.

We firmly believe that the benefits of this program to you far outweigh the potential risks, and that accidents occur much less frequently when adequate preparation is accompanied by sound judgment. You, however, must take a very active role in maximizing your chances for success and safety, and minimizing risks. This can best occur if you do the following:
1. Read and understand all the information on this form. If you have questions, ask your site leader or call Student Activities & Volunteerism.
2. Some of the Alternative Break sites require physical work. Take responsibility for your physical fitness. Although the Alternative Break program attempts to accommodate different levels of physical ability, you are responsible for your level of involvement. Be honest with yourself and with your site leaders in what you can handle.
3. Follow the directions and advice of the supervisors at your site supplied by the host agency.
4. Follow the directions and advice of the Alternative Break site leaders. Your site leaders are eager to help you have a successful and meaningful experience.

NOTICE: THIS IS A LEGALLY BINDING AGREEMENT. By signing this agreement you give up your right to bring court action to recover compensation or obtain any other remedy for any injury to yourself or to your property or for your death however caused arising out of your participation in the Alternative Break Program at the State University of New York at Plattsburgh.

I HEREBY ACKNOWLEDGE AND AGREE that involvement in the Alternative Break Program has inherent risks. I agree that my participation in the Alternative Break Program is entirely voluntary. I have full knowledge of the extent of the dangers and risks associated with the Alternative Break Program, including but not limited to:

1. Broken limbs
2. Death
3. Eye injuries
4. Facial injuries
5. Head injuries
6. Back injuries
7. Trauma
8. Paralysis
9. Vehicular accident
10. Criminal victimization

I further acknowledge that the above list is not inclusive of all possible risks associated with the Alternative Break Program, and that the above list in no way limits the extent or reach of this release and covenant not to sue.

I further understand that all participants are subject to SUNY Plattsburgh policies as written in the Student Handbook and Code of Conduct and all federal, state and local laws, and that in the event of violation of these, or behavior which is considered by the College to be detrimental to the participant, or other participants, the College shall have the right to pursue judicial charges and/or initiate legal action against participants as deemed appropriate.

RELEASE/INDEMNIFICATION AND COVENANT NOT TO SUE

In consideration of my participation in the Alternative Break Program, I, ________________________, the undersigned, agree to release on behalf of myself, my heirs, representatives, executors, administrators and assigns; the State University of New York at Plattsburgh, SUNY Plattsburgh’s College Auxiliary Services, and SUNY Plattsburgh’s Student Association their officers, agents and/or employees from any cause of action, claims or demands of any nature whatsoever, including but not limited to a claim of negligence, which I, my heirs, representatives, executors, administrators and assigns may now have, or have in the future against the State University of New York at Plattsburgh, SUNY Plattsburgh’s College Auxiliary Services, and SUNY Plattsburgh’s Student Association their officers, agents and/or employees on account of personal injury, property damage, death or accident of any kind, arising out of or in any way related to my participation in the Alternative Break Program, whether participation is supervised or unsupervised,
howsoever the injury or damage is caused, including but not limited to the negligence of the State University of New York at Plattsburgh, SUNY Plattsburgh’s College Auxiliary Services, and SUNY Plattsburgh’s Student Association, their officers, agents and/or employees.

In consideration of my participation, I the undersigned participant, agree to indemnify and hold harmless, the State University of New York at Plattsburgh, SUNY Plattsburgh’s College Auxiliary Services, and SUNY Plattsburgh’s Student Association, their officers, agents and/or employees from any and all causes of action, claims, demands, losses or costs of any nature whatsoever arising out of or in any way relating to my participation in the Alternative Break Program. I hereby certify that I have full knowledge of the nature and the extent of the risks inherent in this program and that I am voluntarily assuming the risks. I understand that I will be solely responsible for any loss or damage, including death, I sustain while participating and that by this agreement I am relieving the State University of New York at Plattsburgh, SUNY Plattsburgh’s College Auxiliary Services, and SUNY Plattsburgh’s Student Association, their officers, agents and/or employees of any and all liability for such loss damage or death.

I further certify that I am in good health and that I have no physical limitations, which would preclude my safe participation in this program. I agree that I will choose a level of involvement that does not exceed my physical capabilities.

I further certify that my date of birth is _________ (month/day/year), that my present age is ________, and that I am, therefore, of lawful age (18 years or older) and otherwise legally competent to sign this agreement. I further understand that the terms of this agreement are legally binding and I certify that I am carefully signing this agreement, after carefully reading the same, of my own free will. If I am not 18 years of age or older, my parent or guardian must give their written permission.

IN WITNESS WHEREOF, this instrument is duly executed at Plattsburgh, New York, this, the _____ day of ______________________, 20___.

_________________________           ____________________________
Signature                  Printed Name

_________________________           ____________________________
Witness Signature          Witness Printed Name

As the parent or guardian of the applicant, I fully understand the rewards and risks involved with participating in the Alternative Break program. In acknowledging the above-mentioned risks and responsibilities, I hereby release and forever discharge the Alternative Break Program, its leaders, the State University of New York at Plattsburgh, the College Auxiliary Services, New York State, from any and all liability and all claims that I have or might have as a result of the applicant's participation.

(Signature of Parent or Guardian) (Date)

When you have completed this form, please return it to your site leader, drop it off at Student Activities & Volunteerism, or mail it to:

c/o Alternative Break Program
Center for Student Involvement
110 Angell College Center
SUNY Plattsburgh
101 Broad Street
Plattsburgh, NY 12901
Habitat for Humanity®

Collegiate Challenge
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 ( ) __________________ Cell ( ) __________
Release and Waiver of Liability

Important: Each participant must complete a signed "Release and Waiver of Liability.
Forms should be completed at least two (2) weeks prior to departing for your trip and mailed as a group to:
Collegiate Challenge, 121 Habitat St, Americus, GA 31709.
Please complete all required fields and return both sides of this form.

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

Volunteer name: ________________________________
School/Group name: ________________________________
Habitat for Humanity host affiliate site: ________________________________

PARTICIPANT INFORMATION

This Release and Waiver of Liability (the "Release") is executed on this __ day of __, 20__, by ________________, (the "Volunteer"). in favor of Habitat for Humanity International Inc., a nonprofit corporation existing under the laws of the State of Georgia, USA, [including Habitat for Humanity host affiliate site listed above], and any other Habitat for Humanity affiliated organizations, and their directors, officers, trustees, employees, volunteers and agents (collectively, "Habitat and Partners").

I, the Volunteer, desire to work as a volunteer for Habitat and Partners and engage in the activities related to being a volunteer ("Activities"). I understand that my Activities may include but are not limited to the following: working in the Habitat for Humanity offices or Habitat for Humanity ReStore operations; travelling to and from work sites, towns, cities or countries; consuming food available or provided; living in housing provided for volunteers; constructing and rehabilitating residential buildings; and other construction-related activities.

I, the Volunteer, hereby freely, voluntarily and without duress execute this Release under the following terms:

1. RELEASE AND WAIVER

I, the Volunteer, do hereby release and forever discharge and hold harmless Habitat and Partners and their successors and assigns from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from my Activities with Habitat and Partners.

I understand and acknowledge that this Release discharges Habitat and Partners from any liability or claim that I may have against Habitat and Partners with respect to any bodily injury, personal injury, illness, death or property damage that may result from my Activities with Habitat and Partners, whether caused by the negligence of Habitat and Partners or their officers, directors, employees, agents or otherwise. I also understand that Habitat and Partners do not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health or disability insurance in the event of injury, illness, death or property damage.

It is the policy of Habitat for Humanity that children under the age of 16 are not allowed on a Habitat for Humanity worksite while construction is in progress. It is further the policy of Habitat for Humanity that, while children between the ages of 16 and 18 may be allowed to participate in construction work, ultra hazardous activity such as using power tools, excavation, demolition or working on rooftops is not permitted by anyone under the age of 18.

2. MEDICAL TREATMENT

I, the Volunteer, do hereby release and forever discharge Habitat and Partners from any claim or action whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with my Activities with Habitat and Partners.

If the Volunteer is less than 18 years of age (a "minor"), the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge Habitat and Partners from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of Habitat and Partners to exercise the power to consent to medical or dental treatment as such power may be granted and authorized in a Parental Authorization for Treatment of a Minor Child.

3. ASSUMPTION OF THE RISK

I, the Volunteer, understand that my Activities may include work that may be hazardous to me, including, but not limited to, the following: construction; loading and unloading; travel to and from the work sites; and exposure to lead and mold, which may cause or worsen certain illnesses, especially if I do not wear protective equipment, am exposed for extended periods of time, or have a pre-existing immune system deficiency.

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I also understand there is some inherent risk in consuming local foods and living in local accommodations in the city(ies) or country(ies) visited. I further understand I may be traveling to and from locations where there is a risk of terrorism, war, insurrection, criminal activities, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of Habitat and Partners to not pay ransom or make any other payments to secure the release of hostages.

I hereby expressly and specifically assume the risk of injury or harm in the Activities and release Habitat and Partners from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the Activities.

4 INSURANCE

I, the Volunteer, understand that, except as otherwise agreed to by Habitat and Partners in writing, Habitat and Partners are under no obligation to provide, carry or maintain health, medical, travel, disability or other insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own health, medical, travel, disability or other insurance coverage.

5 PHOTOGRAPHIC RELEASE

I, the Volunteer, do hereby grant and convey unto Habitat and Partners all right, title and interest in any and all photographic images and video or audio recordings made by Habitat and Partners during my Activities with Habitat and Partners, including, but not limited to, any royalties, proceeds or other benefits derived from such photographs or recordings.

6 OTHER

I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Georgia, USA, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Georgia, USA. I further agree that in the event any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining clauses or provisions of this Release, which shall continue to be enforceable. Further, a waiver of a right under this Release does not prevent the exercise of any other right.

To express my understanding of this Release, I sign here with a witness.

Volunteer: Name (please print): ___________________________ Signature: ___________________________
Address: ____________________________________________
Phone: (H) ___________________ (C) _______________ E-mail: _______________ Date of Birth: ____________
Witness: Name (please print): ___________________________ Signature: ___________________________

IMPORTANT: If the Volunteer is less than 18 years of age, both parents or guardians must also sign this Release and Waiver of Liability with a witness. If only one parent or guardian executes this Release on behalf of a Volunteer who is under 18 years of age, then the undersigned parent or guardian of the Volunteer hereby covenants, warrants, represents and agrees that he or she is executing this Release on behalf of, and as an agent for, any other individual who may be a parent or guardian of the Volunteer, and that by executing this Release, the undersigned is binding himself/herself, the Volunteer, and any other parent or guardian of the Volunteer, and all of their heirs, executors, personal representatives, assigns and estates to this Release.

Parent/Guardian: Name (please print): ___________________________ Signature: ___________________________
Address: ____________________________________________
Witness: Name (please print): ___________________________ Signature: ___________________________

Parent/Guardian: Name (please print): ___________________________ Signature: ___________________________
Address: ____________________________________________
Witness: Name (please print): ___________________________ Signature: ___________________________

EMERGENCY CONTACT INFORMATION

Name: ___________________________ Relationship: ___________________________
Address: ____________________________________________
Phone: (H) ___________________ (C/W) _______________ E-mail: _______________