Fall 2012
MEMORANDUM

To: All Interested Students

From: Cori Jackson
      Director of Campus Activities

Re: Alternative Winter Break 2013

Thank you for expressing interest in the Alternative Winter 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 Winter 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 to Student Activities & Volunteerism on or before Tuesday, November 20, 2012.**

You must also attend one of the following group information sessions. All will be held at the Student Activities & Volunteerism Conference Room on the first floor of the Angell College Center.

- Tuesday, November 13th 9AM
- Wednesday, November 14th 10AM
- Thursday, November 15th 3PM
- Friday, November 16th 1PM
- Monday, November 19th 10AM
- Monday, November 19th 1PM
- Monday, November 19th 3PM
- Tuesday, November 20th 10AM

This year’s Alternative Winter Break trip will have up to 9 participants. Participants will work with Habitat for Humanity in Georgetown, SC. The trip will take place from approximately January 5-19. Please note, these ARE NOT the last two weeks of the break. There is one more week before classes start on January 28.

Sleeping accommodations are not set at this time. You will be responsible for bringing a sleeping bag and either an air mattress or sleeping pad (if you want one). The trip will be on a fairly tight budget, so meals will be simple! We will (as a group) be preparing most of our own meals.

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 Winter Break Program you must also make a financial commitment. **If you are selected to be a participant, you must give the Alternative Break Program $150 by Monday, December 3rd to confirm your position.** 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 2013 is about $45,000. 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 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. 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 two weeks; 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 Student Activities & Volunteerism (first floor Angell College Center) at any time or you can call 564-4830. Good Luck!
ALTERNATIVE WINTER BREAK 2013
APPLICATION FORM
Georgetown, SC

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 2 weeks? 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 Winter 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 $150 as a non-refundable confirmation fee no later than Monday, December 3 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

1. Once you have completed the entire application, including the above questions, please return everything to Cori Jackson in Student Activities & Volunteerism (ACC101).
2. All applications are due no later than Tuesday, November 20, 2012.
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 Student Activities & Volunteerism and/or site leaders may not be your witness.

If you have any questions about completing these forms, please stop by Student Activities & Volunteerism.
PLATTSBURGH STATE UNIVERSITY OF NEW YORK
2013 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,
however 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.

__________________________  (Date)
(Signature of Parent or Guardian)

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
Student Activities & Volunteerism
101 Angell College Center
SUNY Plattsburgh
101 Broad Street
Plattsburgh, NY 12901
Release and waiver of liability

(Please read carefully! This is a legal document that affects your legal rights.)

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., and any other Habitat for Humanity affiliated organization, _______ (insert any additional parties if applicable), and their respective directors, officers, trustees, employees, volunteers and agents (collectively, the "Released Parties").

I, the Volunteer, desire to work as a volunteer for one or more of the Released Parties 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 Habitat for Humanity offices or Habitat for Humanity ReStore operations; traveling 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 the Released Parties and their successors and assigns from any and all liability, claims and demands which I or my heirs, assigns, next of kin or legal representatives may have or which may hereinafter accrue with respect to any bodily injury, personal injury, illness, death or property damage which arises or may otherwise arise from or in any way related to my Activities with any of the Released Parties, whether caused wholly or in part by the simple negligence, fault or other misconduct, other than intentional or grossly negligent conduct, of any of the Released Parties or of other volunteers.

   I understand and acknowledge that by this Release I knowingly assume the risk of injury, harm and loss associated with the Activities. I also understand that the Released Parties do not assume any responsibility for or obligation to provide medical 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 Habitat for Humanity work sites while construction is in progress. It is further the policy of Habitat for Humanity that, while minors between the ages of 16 and 18 may be allowed to participate in construction work, using power tools, excavation, demolition, working on rooftops and similar activities are not permitted for anyone under the age of 18.

2. MEDICAL TREATMENT

   I, the Volunteer, do hereby release and forever discharge the Released Parties 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 any of the Released Parties.

   If the Volunteer is less than 18 years of age, the Volunteer and the parents having legal custody and/or the legal guardians of the Volunteer (the "Guardians") also hereby release and forever discharge the Released Parties from any claim whatsoever which arises or may hereafter arise on account of the decision by any representative or agent of the Released Parties 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 work sites; and exposure to lead, asbestos 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.

   I also understand there is some inherent risk in consuming local food 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, revolution, civil activities, inclement weather or other circumstances that could threaten my health or safety. I also understand that it is the policy of the Released Parties 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 the Released Parties from all liability for any loss, cost, expense, injury, illness, death or property damage resulting directly or indirectly from the activities.

Important: Each volunteer must have a signed Release and Waiver of Liability on file.
INSURANCE

I, the Volunteer, understand that, except as otherwise agreed to by the Released Parties in writing, the Released Parties 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.

PHOTOGRAPHIC RELEASE

I, the Volunteer, do hereby grant and convey unto Habitat for Humanity International Inc. all right, title and interest in any and all photographs and video or audio recordings of or including my image or voice, made by any of the Released Parties during my Activities with the Released Parties, including, but not limited to, the right to use such photographs or recordings for any purpose and to any royalties, proceeds or other benefits derived from them.

SIGNATURES

I, the Volunteer, expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the state where the Activities take place. 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 and agreement with this Release, I sign here with a witness.

VOLUNTEER:

Name (please print): ____________________________ Signature: ____________________________

Address: ________________________________________________________________

Phone: (H) __________________ (C) __________________ Email: __________________ Date of Birth: __________________

Witness: Name (please print) ____________________________ Signature: ____________________________

IMPORTANT: If you are under 18 years old you need to complete the under 18 waiver, this is not the correct waiver for you. Please visit habitat.org/youthprograms for the correct waiver.

EMERGENCY CONTACT INFORMATION

Name: ____________________________ Relationship: ____________________________

Address: ________________________________________________________________

Phone: (H) __________________ (C/M) __________________ Email: __________________
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 ( ) ___________________________