

# Alternative Spring Break Application Packet

## Alternative Spring Break?

God is calling people to serve the poor in Appalachia this Spring Break with Catholic Newman Club. Are you one of them? Don't miss this amazing opportunity to serve others in need at St. Jude Mission in Louisa, Kentucky.

## When do we leave and return?

Vans are leaving St. Thomas More University Parish after the 10am Mass, Sunday, March 8<sup>th</sup>. We will return the evening of Friday, March 13<sup>th</sup>.

## Who can go?

All BGSU students are eligible to participate. You do not need to be Catholic to be a part of the trip, but you must be willing to participate in Catholic spirituality. Year-round parishioners of St. Thomas More are welcome too but preference is given to college students. No prior service trip or construction experience is required.

## How many people can go?

- § St. Jude Mission can accommodate 25 people. Spots will be filled on a first come, first serve basis. Students applying after the maximum of 25 has been reached will be put on a waiting list should anyone cancel.

## What will we be doing at each site?

You will learn more about the Appalachian community in which you are living and serving. Training will be provided for tasks that may include working with: concrete, plumbing, electrical, carpentry, roofing, drywall, siding, and painting. Spiritual activities will include: Daily Mass, prayer activities, and personal reflections.

## What is the cost for the trip?

- § The trip will cost \$125 per person. (The entire cost is non-refundable.)
- § Checks may be made payable to St. Thomas More University Parish, memo: ASB
- § Partial scholarships may be available to help alleviate the cost.
- § The cost includes transportation to the site and back, housing, and food.

## How do I sign up?

- § Complete the application form, medical history form, and release of liability form. Hand in forms and \$100 to Sr. Maria Sally Willitzer, Campus Minister BEFORE the pre trip meeting. Your spot is not reserved until all these items have been received.
- § Attend a MANDATORY pre-trip meeting either Monday February 23rd or Tuesday February 24<sup>th</sup> from 8:00-9:00 pm in Romero Room.
- § Additional questions? Contact Sr. Maria Sally Willitzer, smariasally@sttoms.com, 419-352-7555 ex 35



Alternative Spring Break is sponsored by The Catholic Newman Club  
& St. Thomas More University Parish  
419.352.7555, [www.sttoms.com](http://www.sttoms.com), [www.BGSUCatholic.com](http://www.BGSUCatholic.com)



## Alternative Spring Break 2008 Registration Form



Name \_\_\_\_\_

Campus Address \_\_\_\_\_

Phone (room/home) \_\_\_\_\_ (cell) \_\_\_\_\_

E-mail \_\_\_\_\_

The cost of the trip is \$125.  
 In Need of Scholarship Assistance?  
 Yes     No  
*(this does not guarantee scholarships are available)*

Dietary restrictions?  
 Yes     No  
 please elaborate (food allergies, vegetarian, etc.) \_\_\_\_\_  
 \_\_\_\_\_

T-Shirt Size \_\_\_\_\_  
 CPR certified?     Yes     No  
 1<sup>st</sup> Aid certified?  Yes     No  
 \_\_\_\_\_

Other special needs or things we should be aware of for your safety and/or comfort?  
 \_\_\_\_\_  
 Yes     No  
 please elaborate (fear of heights, allergic to bees or poison ivy, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments / Questions / Concerns?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*While most people on the service trip will be doing outdoor construction work together, there is a need for 2-3 persons to cook meals and welcome the weary workers home each evening. These individuals would still need to pay the cost to come but would be on a hospitality team rather than go to the worksites each day.**

Interested in being a hospitality team member?     Yes     No

**LIABILITY RELEASE**

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in a St. Thomas More University Parish Program (Appalachia Spring Break), every reasonable effort will be made to contact the persons on the reverse side. If unsuccessful in contacting the persons listed, consent/permission is given for treatment by competent medical personnel.

Further, and unless otherwise, consent/permission is hereby given to all accompanying adult volunteers on this trip to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery (under recommendation of a qualified medical personnel).

I understand that St. Thomas More University Parish, or any related organizations to this activity, do not carry accident or medical insurance on participating volunteers. I agree that my insurance company will be used for such medical care and I am aware that: I may be billed by the medical provider for any medical treatment not covered by my insurance. I understand that if I do not have medical insurance coverage that I am responsible for the payment of any medical bills.

I hereby release St. Thomas More University Parish from any and all claims and causes of action of any kind. I understand that I am working with separate organizations as well as St. Thomas More University Parish and I will not hold St. Thomas More University Parish or any related organizations liable for any actions that may occur. I also will not hold any of the volunteer drivers liable. I release St. Thomas More University Parish, and any associated person or agency from any claims in consideration for the opportunity to participate in the program.

NAME \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT, OR GUARDIAN (If individual is under 18 Year of Age): \_\_\_\_\_

## Medical Information and Release Form

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Home) (Cell)

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security Number \_\_\_\_\_

### Emergency Contacts

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Parent, Spouse, or Legal Guardian) (Home) (Work)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Parent, Spouse, or Legal Guardian) (Home) (Work)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
(Other relative or responsible person) (Home) (Work)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Relationship \_\_\_\_\_

**Medical Information**

Doctor's Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Policy Number \_\_\_\_\_ Policy Holder's Identification Number \_\_\_\_\_

**Medical History**

Allergies (e.g. Insect Stings, Drugs): \_\_\_\_\_  
\_\_\_\_\_

If you are allergic to bee stings, do you have a Bee Sting Kit? \_\_\_\_\_

Conditions Requiring Regular Medications (e.g. Diabetes, Epilepsy, Migraine Headaches): \_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_

Recent Injuries, Illnesses, Operations (with dates): \_\_\_\_\_  
\_\_\_\_\_

Are you pregnant? \_\_\_\_\_ Date of last Tetanus Booster or Immunization \_\_\_\_\_

Other physical disabilities or chronic conditions (e.g. poor eyes): \_\_\_\_\_

Do you wear contact lenses? \_\_\_\_\_

Emotional or behavioral disorders (e.g. depression): \_\_\_\_\_  
\_\_\_\_\_

Special Diet Considerations: \_\_\_\_\_