

SERVE Volunteer Office Service Trip Application Packet

Thank you for your interest in attending a SERVE service trip! We guarantee that you will not only make a huge difference during the service trip but also have the time of your life!

What is the purpose of a service trip?

- To provide a hands-on educational opportunity through service
- To promote awareness and education of an issue or need through experience
- To build connections between students and a community
- To learn how to affect positive change within a community

What does the trip cost include?

- Transportation to and from the destination
- Ground transportation to and from the service sites
- Lodging/accommodations
- Select meals (see web site/brochure for specific meals)
- Any supplies needed to work at service sites

What does the trip cost NOT include?

- Meals on travel days
- Select meals
- Medical insurance
- Costs associated with leisure time
- Incidentals

Questions? Please contact... SIEO Service Trip Coordinator

sieotrip@uwsp.edu, 715-346-2260 <http://www.uwsp.edu/centers/sieo/Pages/default.aspx>

SERVE Service Trip
Participant Application~Intercity Impact~Chicago
April 25~27, 2014

Name:	
Address:	
Email*:	*This is the way we will communicate with you! Please check regularly.
Phone:	
T-Shirt Size:	
Ant. Graduation:	*You must be enrolled the semester of the trip in order to attend*
What fears or questions do you have about going on the trip?	
What are your expectations of the trip?	
Do you need any special accommodations? Please explain.	
Do you have any special dietary needs? Please explain.	
Are you willing to drive a provided university mini-van? If yes, please fill out attached driver's authorization form.	

Selection Process

1. Please review our selection criteria below.
2. Keeping in mind the selection criteria, please answer the essay questions below and turn your answers in with this packet.
3. A committee of students and faculty/staff will review and score the essay questions based on the following criteria.
4. For Intercity Impact: The six highest scoring individuals will be invited to participate in the trip.

Selection Criteria:

- Display of willingness to learn about social issues.
- Demonstrated desire to make a difference at the local level.
- Desire to develop personally and professionally through service.
- Understanding of the mission and value of a service trip as a volunteer experience.
- We are looking for a diverse, well-rounded team.

Essay Questions: Please answer the following questions by typing responses on a separate piece of paper. Incomplete applications will not be accepted.

1. What do you hope to personally gain from your experience as a service trip participant?
2. What do you hope to learn about the social issues we will be engaged with on the trip?
3. How would your personal experiences add to the diversity of the group?

Service Trip Participant Agreement

Before turning in this application, please read all statements below carefully, consider them seriously, and sign to indicate your agreement. Thank you.

COMMITMENT/EXPECTATIONS:

Being a part of a service trip is a life changing experience that can challenge and expand your understanding of both yourself and society. *The program is successful because of dedicated, active volunteers. Please consider all volunteer expectations before you apply. Failure to meet expectations may result in dismissal from trip.*

Full attendance and participation in all mandatory functions:

1. Pre-trip meetings with your site leaders and group
2. Active participation in service trip fundraising
3. Payments made by deadline
4. Be present on the first day of the service trip and stay for the duration
5. Remain flexible, open-minded, and responsible
6. Other events planned by the trip leader (example: pre-trip service)
7. Completion of tasks before, during, and after the service trip
8. Respect for others and willingness to cooperate in a group

By signing this statement, I am agreeing to invest the time, energy and commitment to fulfill the expectations as outlined above.

Signature: _____

Date: _____

ALCOHOL/DRUG FREE POLICY:

This UWSP service trip is an alcohol and drug free program. This is done in order to achieve the program's goals and objectives. This is also required for the safety and well being of all participants, the group, and the community in which we are serving. As such, I will not possess and/or consume alcoholic beverages and/or illegal drugs while participating in the service trip. Should this policy be violated, I will be asked to leave the trip and will be responsible for making my own arrangements and paying for the trip home.

Signature: _____

Date: _____

NON-REFUNDABLE PAYMENT AND FUNDRAISER POLICY

All students participating in a service trip will pay for the cost of the trip in full on or before the deadline. All participants will be expected to help out at service trip fundraisers. Due to the need for the trip organizers to pay for trip expenses in advance, refunds cannot be made based on illness or any other circumstance that would prevent a student from participating.

If the trip requires a deposit and you are not selected to participate, your deposit will be refunded in full.

By signing this statement, I am signifying that I understand the service trip non-refundable payment and fundraising policy.

Signature: _____

Date: _____

SERVICE TRIP PARTICIPATION AND CONDUCT:

Service trip participants are required to follow all SIEO and UWSP policies before, during, and after their trip. I am responsible for cooperating with, and respecting the authority of, the UWSP trip leader and service site on-site staff. I understand that any breach of student conduct rules and regulations of UWSP and/or the service site may be reported to the appropriate student conduct authority on campus. By signing this statement, I am agreeing to follow and uphold SIEO and UWSP policies.

Signature: _____

Date: _____

If you do not understand any of the statements or need clarification, please contact SIEO BEFORE submitting the agreement.

I have read all above statements and considered them seriously. I fully understand all above statements and agree to comply with them.

Signature: _____

Date: _____

Agreement for Assumption of Risk, Indemnification, Release, and Consent for Emergency Treatment

I, (print name), age , desire to participate voluntarily in recreational, service, and/or travel activities at the University of Wisconsin – Stevens Point and through SIEO (organization name) during the period of September 2013 through May 2014.

I UNDERSTAND THAT I AM BEING ASKED TO READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. I UNDERSTAND THAT IF I WISH TO DISCUSS ANY OF THE TERMS CONTAINED IN THIS AGREEMENT, I MAY CONTACT: Jeff Karcher, Campus Risk Manager, AT TELEPHONE NUMBER 715-346-3901.

Assumption of Risks:

I understand that physical activity and participation related to SIEO (organization) activities, by its very nature, carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. Some of these involve strenuous exertions of strength using various muscle groups, some involve quick movement involving speed and change of direction, others involve sustained physical activity, which places stress on the cardiovascular system and some involved mild activity. The specific risks vary from one activity to another, but in each activity the risks range from: 1) minor injuries such as scratches, bruises, and sprains to 2) major injuries such as fractures, internal injuries, joint or back injuries, heart attacks, and concussions to 3) catastrophic injuries including paralysis and death. I understand that the University has advised me to seek the advice of my physician before participating in this activity. I understand that I have been advised to have health and accident insurance in effect and that no such coverage is provided for me by the University or the State of Wisconsin. **I know, understand, and appreciate the risks that are inherent in the above-listed programs and activities. I hereby assert that my participation is voluntary and that I knowingly assume all such risks. I assume full legal and financial responsibility for my participation in these sponsored activities.**

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____

Hold Harmless, Indemnity and Release:

In consideration of permission for me to voluntarily participate in SIEO (organization) activities, today and on all future dates, I, for myself, my heirs, personal representatives or assigns, agree to defend, hold harmless, indemnify and release the Board of Regents of the University of Wisconsin System, the University of Wisconsin-Stevens Point, and their officers, employees, agents, and volunteers, from and against any and all claims, demands, actions, or causes of action of any sort on account of damage to personal property, or personal injury, or death which may result from my participation in the above-listed program. This release includes claims based on the negligence of the Board of Regents of the University of Wisconsin System, the University of Wisconsin- Stevens Point, and their officers, employees, agents, and volunteers, but expressly does not include claims based on their intentional misconduct or gross negligence. **I understand that by agreeing to this clause I am releasing claims and giving up substantial rights, including my right to sue.**

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____

Conduct

I agree to conform to all applicable policies, rules, regulations and standards of conduct as established by the University. Additionally, I understand and agree that my participation in this Program may be terminated by the University with no

refund of fees if I fail to maintain acceptable standards of conduct as established by the University and I accept responsibility for the costs of returning home if I am terminated under these circumstances.

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____

Consent for Emergency Treatment:

I authorize the University of Wisconsin – Stevens Point and its designated representatives to consent, on my behalf, to any emergency medical/hospital care or treatment to be rendered upon the advice of any licensed physician. I agree to be responsible for all necessary charges incurred by any hospitalization or treatment rendered pursuant to this authorization.

Signature: _____

Date: _____

Signature of Parent or Guardian
(if Participant is Under 18): _____

Date: _____

Medical Information

NAME OF STUDENT PARTICIPANT _____

In Case Of Emergency, Contact _____

At The Following Number _____

Health Insurance Company Name _____

Policy Number _____

University of Wisconsin – Stevens Point

PHOTO & VIDEO RELEASE

I hereby authorize SIEO and the University of Wisconsin Stevens Point and those acting pursuant to its authority to photograph, video tape, or use any other electronic method of recording my likeness and/or voice to be used at the University's discretion in University-related publications and/or web sites. The photographs and/or video footage will not be digitally manipulated to change its content.

I hereby give the University the absolute right and permission, without restrictions, to make, copyright, and/or use, re-use, or publish said photographs/video footage of me in



University of Wisconsin-Stevens Point

Business Affairs
Payment Services

2100 Main St, Rm 041 E, Stevens Point WI 54481-3897
715-346-2052; Fax 715-346-4011

which I may be included in whole or in part, and waive any right to inspect and/or approve the finished printed materials, videos and/or web sites where my image appears. I further consent that my name and identity may be revealed therein or by descriptive text or commentary.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use. I understand that all such recordings, in whatever medium, shall remain the property of the University.

I waive any right to compensation for my appearance in these printed documents, videos or web sites in any and all future uses of the photographs and/or video footage.

I have read and fully understand the terms of this release.

(If you are under 18 years of age, a parent or guardian must sign.)

Signature _____

Printed Name _____

Minor's Name (if applicable) _____

Address _____

City/State/Zip _____

Date _____

**Applications are due March 3 to Information and Tickets
Office (DUC) along with payment:**

\$50-Intercity Impact Chicago

University of Wisconsin – Stevens Point

Student Prepaid Expense Agreement

In consideration for the Board of Regents of University of Wisconsin System, doing business as the University of Wisconsin – Stevens Point, ("UWSP") paying for travel expenses incurred in my travel to _____, being held in _____, on the following dates, _____, I, _____, the undersigned agree that UWSP may charge my student account directly for any costs charged to UWSP for goods or services

1) which went unused for any reason inconsistent with

- a) Applicable State of Wisconsin policies,
- b) University of Wisconsin System Travel Regulations (i.e., Financial and Administrative Policy 36 ("FAP 36")), or
- c) University of Wisconsin – Stevens Point travel policies or procedures; or

2) for which there is no reasonable explanation for the failure to use the goods or services.

(Student's signature)

(Date)

(Student's campus ID #)

(Student's local phone #)

(Student's local address)



University of Wisconsin-Stevens Point

Transportation Services

Rm 120 M&M, 1848 Maria Drive, Stevens Point WI 54481

715-346-2884

transport@uwsp.edu

<http://www.uwsp.edu/facsv/Pages/Transportation>

VEHICLE USE AGREEMENT

Permanent Employee ☐ Student ☐ Volunteer ☐ LTE ☐ Agent ☐
(check all that apply)

Student's this form expires May 31st of every year.

PLEASE PRINT or TYPE

Driver's Full Name (include middle initial)	Driver's License Number.	State
Local Address	Driver's Date of Birth (mm/dd/yyyy)	
Department Name	Student ID Number	
Email address (if none, provide supervisor's)	Work or Personal Phone Number	

Driver authorization is required for students, limited term employees, agents, volunteers and employees whose job requires them to drive on university business. This includes using: a State/University owned vehicle, any rented/leased vehicle or a personally owned vehicle while on university business.

Instructions:

The first step in becoming an authorized driver is to complete this vehicle use agreement form. Completing this form indicates the driver has read and understands the State Fleet Policy and Procedures Manual.

NOTARIZED STATEMENTS ARE REQUIRED FOR:

Individuals holding out-of-state or foreign driver's licenses.

Individuals having Wisconsin License for less than one year, due to previously being licensed in another state/country. (Statements must list any moving violations and/or accidents in the past two years.)

(PLEASE SEE NOTARIZED STATEMENT - LINK ABOVE)

Completed forms are to be returned to the driver's immediate Supervisor/ Faculty/Staff for their signature. Then return to the Transportation Office 120 Maintenance & Materiel Building at least two working days prior to departure for processing.

Driver Agreement:

I acknowledge that I have received and/or read a copy of the State Fleet Policy and Procedures Manual, Chapter One: Fleet Driver Policies. I understand the contents and agree to comply with the policies. Failure to comply is considered a violation of work rules. I understand that my driving record will be checked periodically and authorization ends when my driving record fails to meet the minimum driving standards or when employment is terminated.

I further agree to inform my Supervisor/ Faculty/Staff of any negative change in the status of my driving record, such as license revocation, restriction or suspension. I understand that any negative change in the status of my driving record or the failure to report such change may result in the revocation of the privilege of driving on university business.

Driver Signature	Date (mm/dd/yyyy)
Supervisor/Faculty/Staff Signature	Date (mm/dd/yyyy)
Supervisor/Faculty/Staff Name (please print or type)	E-mail address
Fleet Manager Signature	Date Record Check (mm/dd/yy) Meets Minimum driving standards <u>Y</u> <u>N</u>