



Alternative Break Participant Application 2018

Instructions: Please complete all required information and be sure to write legibly. Return this form in-person with attached short response to Student Involvement Desk in Reeve Union by Thursday October 19 and sign up for an interview time slot. Interviews will take place October 23-25.

Name: _____ Student ID#: _____

Current Address: _____

Phone: _____ Email: _____ Year at UWO: _____

Major/Minor: _____ GPA: _____

Date of Birth: _____ Past AB participant? Y / N _____

Will you be available to meet during January Interim? Yes No

Trip Preference

Please indicate your level of interest in each trip, 1 being high. **If not are not interested in a certain trip, please leave the line blank.**

Interest	Break Experience
_____	Healthcare Advocacy and Diversity, NYC (\$850)
_____	Environmental Stewardship: Giving Back to our National Parks, Arches N.P., UT (\$500)
_____	Sustainability and the Economics of Coffee, Guatemala (\$1,450)
_____	Education and Privilege, Honduras (\$1,650)
_____	Hurricane Relief, location to be determined (\$500)

National Parks/Hurricane Relief applicants:

Are you willing to drive? Y/N _____ Do you have a good driving record? Y/N _____

Please complete **only** if you have interest in an international trip

Do you have a valid passport?

If you have traveled internationally, where:

If you speak Spanish, at what level:



Please attach your typed answers to the application.

1. What motivated you to apply to be a participant on an Alternative Break trip?
2. What do you hope to learn?
3. What change do you hope to bring about as a result of your involvement?
4. How are you currently involved on campus?
5. Teamwork and group dynamics are an important part of an Alternative Break trip. What strengths do you possess that will contribute to the team's success?
6. Looking at the trip you ranked as your #1 trip, tell us why you are interested in attending that trip? If you are not selected for your top trip choice, are you still interested in going on a trip?

Commitment Statement

Please initial next to each statement signifying your agreement and commitment.

____ I have voluntarily chosen to participate in the program and therefore will treat my participation in service, group activities, and educational events as my first priority during this trip.

____ I pledge to abide by the AB no alcohol and drug policy and the University of Wisconsin Oshkosh Student Code of Conduct while on the entire trip. If I choose to violate this agreement I may be sent home from the trip at my own cost.

____ I understand that if I am selected as an AB trip participant upon my completed application and interview, I will be asked to complete and return an Agreement Packet and I will do so by the given deadline.

____ I understand that the payment plan is a courtesy and if I were to accept a spot on a trip and make my deposit, I am ultimately responsible for the entire cost of the trip. If I should change my mind, I am responsible for all costs unless a replacement is found.

____ I certify that I am not under academic or disciplinary probation at this University. I give my permission to have the information in my University records, including academic and disciplinary records, made available to the Program Advisor for Volunteerism, with the understanding that the information will be kept confidential to the extent provided by law.

Participant Signature

Date



Supplemental International Safety Information

This signed waiver must be submitted if you are considering travelling on the **Guatemala or Honduras** trips.

Please initial indicating your agreement:

_____ I understand that the U.S. Department of State has issued a travel warning for the country in which I wish to travel. I understand that many U.S. universities do not allow their students to travel alone or on organized group programs to countries with a State Department travel warning in place.

_____ I understand that it is my responsibility to research news articles related to safety issues in Guatemala/Honduras before applying to go on an AB trip.

_____ I certify that I have THOROUGHLY read ALL of the information provided at the following sites. I understand that I should monitor these sites during the months leading up to my AB experience:

- U.S. Department of State- Honduras
Tens of thousands of U.S. citizens visit Honduras each year for study, tourism, business, and volunteer work without incident. However, crime and violence are serious problems throughout the country. Anyone traveling to Honduras should be well informed, and take the proper precautions to ensure they have a safe trip.
 - US Embassy Travel Information: <http://honduras.usembassy.gov/beforetravel.html>
 - State Department Warning:
<http://travel.state.gov/content/passports/english/alertswarnings/honduras-travel-warning.html>
- US State Department- Guatemala
 - US Embassy Travel Information:
http://guatemala.usembassy.gov/information_for_travelers_and_residents.html
 - State Department Information:
<http://travel.state.gov/content/passports/english/country/guatemala.html>

_____ I understand that violent and sometimes fatal criminal attacks, can occur at any time and in any location, and that U.S. citizens, including U.S. Embassy employees, have been victims of such crimes within the past year.

_____ I affirm that I have read about the risks involved in traveling to Guatemala/Honduras and have reviewed the personal safety precautions (through the links listed above) which each individual will be expected to exercise. I understand that taking safety precautions only reduces risk; it does not eliminate risk.

_____ I understand and acknowledge that my participation in an AB program located in a country with an issued U.S. Department of State Travel Warning is voluntary. Without reservation or limitation, I assume all risks associated with my participation in said program.

_____ I understand that there are always many unpredictable and serious risks associated with travel and study abroad, and that such risks are common in countries for which a Travel Warning has been issued. These risks can and do have many underpinnings, and I acknowledge that while the University may give me



information on risks present in Guatemala/Honduras, it is my responsibility to further research and understand these risks. Given the range of risks generally associated with travel abroad, and the likelihood that some or all of these risks are pertinent to a program located in a country with a U.S. Department of State Travel Warning, I hereby acknowledge that I assume all responsibility for my personal health, safety and welfare as a consequence of my voluntary participation in the AB program.

_____ I further acknowledge that no person at UW Oshkosh has or can offer me any guarantees regarding my personal health, safety and welfare, and that I have not been provided with any assurances about local conditions in the country to which I will travel that I construe as such assurances.

_____ I understand that the country to which I am traveling has had confirmed cases of Zika virus. According to the main Center for Disease Control (CDC) Zika site, "The Zika virus is spread to people through mosquito bites. The most common symptoms of Zika virus disease are fever, rash, joint pain, and conjunctivitis (red eyes). The illness is usually mild with symptoms lasting from several days to a week. Severe disease requiring hospitalization is uncommon." Zika is linked to specific birth defect called microcephaly. Pregnant women and women trying to become pregnant should avoid visiting places where the virus is currently circulating.

_____ I agree to attend ALL mandatory pre-travel orientations. I understand that failure to attend these sessions will cause me to be administratively withdrawn from the program and that I will be responsible for full program costs (whether already paid or not).

After reviewing this document and all other resources mentioned within this document, return this signed waiver to the SLIC desk along with your AB application. If you have additional questions or concerns that have not been addressed, contact the Nicole BellCorelli, belln@uwosh.edu BEFORE you sign this waiver.

Signature

Date

Printed Name

*Please make sure you review the safety, CDC and payment information with your parents, family, or others who may be assisting you with payments or have questions about the experience BEFORE submitting this application.



reeve.uwosh.edu/asb

Please direct all questions to Nicole BellCorelli
Program Advisor for Civic and Community Engagement
(belln@uwosh.edu), 920-424-1269

The Alternative Break program provides students with the unique opportunity to participate in an 8 day service project outside of Wisconsin over either winter or spring break. While there may be other service break opportunities out there, what sets our program apart is that we offer you:

- Strong Direct Service
- Alcohol and Drug-Free
- Diversity and Social Justice
- Orientation
- Education
- Training
- Reflection
- Reorientation

Participant Selection Timeline

Application due to SLIC Desk (lower level of Reeve)

Priority Deadline is Thursday, October 19 - Applicants must sign up for an interview at this time

Monday - Wednesday, October 23-25 from 9:30 A.M. – 2 P.M. – AB Trip Interviews

Friday, November 3 by 3:00 pm – AB Trip Participants notified via e-mail

Friday, November 10 by Noon – AB Participants must pay \$100 deposit

Failure to pay deposit will remove individual from the trip

Selection Criteria

Selection will be based off the AB Trip Application and Interview. This trip is a joint venture between Reeve Union and Student Recreation, as such, there are several outside factors considered during selection.

- Applicants must have a cumulative 2.25 GPA (Freshmen should list High School GPA)
- Having a record of the following will remove an applicant from consideration:
 - Violent or Drug Crimes on CCAP
 - Campus or Residence Hall Disciplinary Probation
 - Other incidents that raise concern



Alternative Break Payment Schedule Options

#1

Friday November 10 - \$100 Deposit
 Friday December 8 – payment #1 due
 Friday February 9 – payment #2 due
 Friday March 9 – payment #3 due
 Friday April 6 – payment #4 due

	Deposit 11/10	Payment 1 12/8	Payment 2 2/9	Payment 3 3/9	Payment 4 4/6	Total
Environmental Stewardship	\$100	\$100	\$100	\$100	\$100	\$500
Hurricane Relief	\$100	\$100	\$100	\$100	\$100	\$500
Health Advocacy and Diversity	\$100	\$190	\$190	\$185	\$185	\$850
Education and Privilege	\$100	\$395	\$385	\$385	\$385	\$1650
Economics of Coffee	\$100	\$340	\$340	\$340	\$330	\$1450

#2

Friday November 10 - \$100 Deposit
 Friday December 8 – payment #1 due
 Friday March 9 – payment #2 due
 Friday April 6 – payment #3 due

	Deposit 11/10	Payment 1 12/8	Payment 3 3/9	Payment 4 4/6	Total
Environmental Stewardship	\$100	\$150	\$150	\$100	\$500
Hurricane Relief	\$100	\$150	\$150	\$100	\$500
Health Advocacy and Diversity	\$100	\$300	\$300	\$150	\$850
Education and Privilege	\$100	\$600	\$600	\$350	\$1650
Economics of Coffee	\$100	\$500	\$500	\$350	\$1450