

Service-Learning Center

Spring Break Service-Learning Trip

Name _____

Student ID No. _____

Local Address

Street City State Zip Phone

Permanent Address

Street City State Zip Phone

Class Level

Date of Birth

Email

Trip Preference 1st Choice _____ 1. Houma, LA 2. Samaritan's Purse 3. Rehoboth, NM
*2nd Choice _____ 4. Boston, MA 5. Knoxville, TN 6. Kansas City, MO
7. Christian Reformed World Relief Committee

No preference _____

*If you will only go on a trip if you get your first choice write NA in the 2nd choice box.

Do you wish to complete your CCE on this trip? Yes No

Please Read Carefully:

Submitting this form signifies your intent to participate on an S-LC Spring Break trip. The Service-Learning Center reserves the right to remove any participant from a trip at our discretion or at the request of a college official.

This application will not be accepted without a \$100 non-refundable deposit (cash, check or misc.)
This application will not be accepted without this box filled out in its entirety.

By initialing below I give my permission to add the following charges to my miscellaneous account.
____ \$100 **non-refundable deposit** (if already paid by cash/check, write 'cash' or 'check' in the blank)
____ 1/2 of remaining balance, February 1st charge
____ Balance paid in full, March 1st charge

The \$100 deposit is non-refundable upon submitting this form.
Each additional payment is non-refundable as of its payment date listed above.

____ **I have attached a copy of my drivers license (or governmental ID) and insurance card**

By signing this application I confirm that I have read the above statement and agree to all terms.

Signature _____

Date _____

Printed Name _____

Please supply the name and contact information of a reference who knows you well. Non-students preferred.

Name

Phone

Email Address

Please describe why you are interested in being a part of a Spring Break Service-Learning project and what you may hope to gain from the experience.

Are you interested in leading a trip? Y or N	Please list any additional skills you possess that you would like to utilize on a S-LC Spring Break Trip:
Are you a Calvin Authorized driver? Y or N	
Would you be willing to drive on a trip? Y or N If yes, and not authorized please complete the attached form	

Vital Information

* The Service-Learning Center of Calvin College requires that students have their own health insurance carrier for Spring Break Service Projects. As in all Service-Learning activities, participants remain responsible for their own safety and accidental injury expenses.

Health Insurance Carrier:

Health Insurance Identification #

Describe any medical/health conditions you have which require special consideration (i.e. diabetes, asthma, allergies, back problems, etc.)

Please provide two emergency contacts.

1. _____
Name Phone Address Relationship to you

2. _____
Name Phone Address Relationship to you

Service-Learning Center (S-LC) Waiver Form

Name: _____

Student ID Number: _____

Eligibility

Each student who wishes to serve with the Service-Learning Center should meet the following conditions:

- a. One must have a cumulative grade point average of at least 2.0
- b. One must be approved by a Dean of Student/Residence Life. Approval is understood as a review of a student's citizenship in the Calvin community based on records and other reliable sources, excluding the Broene Counseling Center.

When a student signs this form, he or she thereby indicates awareness of the Deans' responsibilities to review applicants, and that the Deans may discuss with the Directors both records and other reliable information about a student who applies.

- c. A student's application must be approved by the Directors of the S-LC.

Please check appropriate answers to the statements below:

1. ___ Yes ___ No I am currently in Good Conduct Standing. (If not, explain below.)

2. ___ Yes ___ No I have been disciplined by a member of the Student Life Division (a Dean or Resident Director) for an infraction of campus regulations. (If you have been sanctioned, explain below.)

I certify that I give permission for Calvin College to review my personal college records.

Signed: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Registrar's Office _____ Cum. GPA _____
Signature _____ Date _____

Student Life Dean Review ___ Recommend ___ Deny ___ Other (explain): _____
Signature _____ Date _____

Service-Learning Center Director _____ Date _____

WAIVER AND RELEASE AGREEMENT FOR CALVIN COLLEGE SERVICE-LEARNING OFF-CAMPUS PROGRAMS

In consideration of my participation in a Calvin College Service-Learning trip in _____ (trip name) I hereby agree and represent that:

1. I have or will secure health insurance to provide adequate coverage for any injuries or illnesses that I may sustain or experience while participating in the Program. I am or will become familiar with my insurer's conditions and procedures for making a claim. By my signature below I certify that my health care coverage will adequately cover me while outside of the United States, or if the Program is in the United States, will adequately cover me in that location. I hereby release the College, and its employees and agents, from any responsibility or liability for expenses incurred by me for injuries or illnesses (including death) that I may incur because of those injuries or illnesses.

2. I grant Calvin College or any of its agents full authority to take whatever action they feel is warranted regarding my health and safety and that they may arrange medical treatment for me at my expense and that, if deemed to be necessary by the program leader and local medical authorities, I will be flown back to Grand Rapids, Michigan, or if medically warranted, to my home, or designated medical facility, at my own expense, for further medical treatment.

3. I understand that, although the College will attempt to maintain the Program as described and promoted, it reserves the right, for programmatic, political, or other reasons, to change the Program, including the itinerary, travel arrangements, or accommodations, at any time and for any reason, with or without notice.

4. I understand that this is a supervised program and I agree to uphold individual and group standards set forth by the College. I understand that the College has the right to dismiss me from the Program at any time should my actions, overt or covert, in the sole discretion of the College, be determined to impede or obstruct the progress of the Program, or violate the individual and group standards set forth by the College. The costs associated with my dismissal will be my responsibility.

5. I understand that although the College will make reasonable efforts to assure my safety while participating in the Program, there are unavoidable risks in travel abroad or in other parts of the United States. I, on behalf of myself and my estate, hereby release and promise not to sue the College, or its employees and agents, for any damage or injury (including death) caused by, derived from, or associated with my participation in the Program, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the employees or agents of the College. I further agree that in the event anyone else files a claim against the College, its employees or agents arising from damages or injuries (including death) to me, I and/or my estate agree to indemnify and hold harmless the College, its employees and/or agents.

6. I agree that, should any provision or aspect of this agreement be found to be unenforceable, all remaining provisions of the agreement will remain in full force and effect.

7. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this agreement, I have the right to consult with the advisor, counselor, or attorney of my choice.

8. I agree that, should there be any dispute concerning my participation in the Program that would require the adjudication of a court of law, such adjudication will occur in the courts of, and be determined by the laws of, the State of Michigan. Any such claims will be filed in the Kent County Circuit Court. Students who make claims against the college in a court of law may have to indemnify the College for costs to the College arising out of such a claim.

9. This agreement represents my complete understanding with the College concerning the College's responsibility and liability for my participation in the Program. It supersedes any previous or contemporaneous understandings I may have had with the College on this subject, whether written or oral, and cannot be changed or amended in any way without written concurrence by me and by an authorized agent of Calvin College.

10. I represent that I am at least eighteen years of age or, if not, that I have secured below the signature of my parent or guardian as well as my own.

Date: _____

Signature

Printed Name

Include signature of parent or guardian if participant is a minor

Complete this form only if you are willing to drive on a spring break trip but are not yet authorized by Calvin College



Motor Vehicle Driving Release Form

For insurance and liability purposes with **Calvin College**, I understand that investigative background inquiries are to be made concerning my Motor Vehicle Driving Record.

I authorize without reservation, any party or agency contracted by this employer to furnish the above mentioned information.

I hereby give consent to your obtaining the above information to aid in the proper identification of my file and/or records, the following information, and I hereby furnish it without reservation.

Please print clearly

Name: _____ Calvin ID #: _____

Drivers License Number: _____ State/Province _____

Date of Birth: (MM/DD/YY) _____

Faculty/Staff

Car

Student

Van

Department: _____

E-Mail Address: _____

Applicant's Signature: _____

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