

Center for Service & Social Justice
Intersession AND Spring Break 2013 Service Trip Application

Name _____ R # _____

Year of Graduation _____ Major _____

Cell Phone _____ Date of Birth _____

E-mail address _____

Residence Hall/Off Campus Address _____

Home Address _____

Emergency Contact _____ Relationship _____

Emergency Contact phone _____

Are you able/willing to drive a mini van during your trip (21 and over only)? _____

Would you like information sent to your parents? They can be included on group emails.
Provide parent's email address _____

Have you been on one of our service trips in the past? _____
If so, where did you go and when? _____

Medical Coverage

Insurance Company _____ Policy number _____
(please attach a copy of your Medical insurance card)

Known Allergies _____

Current Medications _____

Medical Conditions _____

Special Dietary Needs _____

PLEASE RANK YOUR TRIP PREFERENCES ON THE BACK OF THIS APPLICATION!!!

Please return:

- This completed application form (front and back)
- Copy of driver's license
- Copy of medical insurance card
- Signed waiver for proof of tetanus immunization

to the Center for Service & Social Justice, 205B DeNaples (570-941-7429)

By Tuesday, October 23 at 4:00pm

SEE BACK OF APPLICATION!

We are running trips during Intersession 2013 and during Spring Break 2013. Indicate which break you are interested in:

_____ I am only interested in Intersession trips

_____ I am only interested in Spring Break trips

_____ I am interested in trips during either break

Rank in order of preference from 1 to 5 for Intersession or 1-4 for Spring Break (1 being your first choice). (If you are interested in either break, you may rank from 1-9.) **You must rank all the choices during a particular break in order to be considered.** If you do not rank all choices during one of the breaks, your application will not be considered.

INTERSESSION

_____ Nashville, TN

_____ Coastal North Carolina

_____ Savannah, GA

_____ Los Angeles, CA

_____ Garrison, NY

SPRING BREAK

_____ Syracuse, NY

_____ Manhattan, NY

_____ Washington, DC

_____ New Orleans, Louisiana*

(*New Orleans may be re-routed to another natural disaster site if a greater need exists at the time of the trip)

Brief statement of your reasons for applying (can attach separate page):

Release of Information for Tetanus Immunization Status
From Student Health Services at The University of Scranton

Student's Name: _____

Royal # _____ Academic Year _____

I, _____, hereby authorize
(full name of student)

The University of Scranton's Student Health Services office to release my record of tetanus immunization status to the Center for Service and Social Justice at the University of Scranton for the purpose of participation in a service trip/experience.

In authorizing the release of the confidential information identified above, I hereby waive all restrictions or privileges imposed by law and release The University of Scranton and its staff from any restriction or privilege imposed by law in connection with the disclosure or release of any professional record, observation, or communication. I do understand that the information that is being released may be subject to re-disclosure by the recipient and may no longer be protected.

This authorization may be revoked in writing at any time, except to the extent that Student Health Services has already taken action in reliance on it. Letters to revoke this should be addressed to Student Health Services, The University of Scranton, Scranton, PA 18510. If not previously revoked in writing, this authorization will terminate or expire within one year from date of student signature.

(Signature of student)

(Date signed)

(Print Name)