Service Trip Application

One application per person, $50 deposit due at time of application

Trip to: Agua Prieta, Mexico Date: March 13-15, 2020

Participant information (minimum age: 12 years, youth 12-14 must be accompanied by adult)

Legal Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ If under 18 - Age at time of trip\_\_\_\_\_\_\_\_

**Pronouns preferred: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Housing is dormitory style by gender expression)**

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**T-shirt size (circle): youth large adult: small med large XL 2XL**

**Drivers – We will caravan to Mexico. Will you drive? Yes No**

**Make/Model: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total # seatbelts \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Attach a copy of your driver’s license & Auto (US) insurance.**

**After verification that we need you to drive: Obtain Mexican auto insurance, attach copy & payment receipt (you will be reimbursed)**

**Youth traveling without a Parent/Guardian:**

Parent/Guardian’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone numbers: Home \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All Participants please complete

Why do you want to participate in this type of service experience?

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Please put a “1” next to the top reason why you want to go on this trip, put a “2” next to the second reason and “3” next to the third reason.

\_\_\_\_ Because my friends are going

\_\_\_\_ I really want to help people

\_\_\_\_ I want to do meaningful work

\_\_\_\_ It will look good on a college application

\_\_\_\_ I want to challenge myself in new ways

\_\_\_\_ My parents think it is a good idea

List any experiences or skills that may be helpful on this service trip – languages, medical skills etc.

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Have you ever been convicted of a criminal offense? \_\_\_\_ if yes, explain:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please describe your physical health, include any limitations, allergies, medications taken, and whether or not you are currently under a doctor’s care:

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Are you vegetarian? Yes No

Meals will be prepared for us by a local family. Gluten free and vegan options are not guaranteed.

Snacks –Help us know what to buy for snacks

**Fresh fruit choice – circle 2**

Apples Bananas Pears Grapes Cutie oranges

**“Other” snacks – circle 3**

Granola bars, chewy Granola bars, crunchy Chips Cookies

Crackers Popcorn Pretzels Nuts

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Sleeping arrangements – 46 maximum

**Rooms will be assigned to best accommodate the group, requests will be taken into consideration but cannot be guaranteed.**

3 Bunk rooms – 5 bunks (10 twin beds) each = 30 people

Assigned by gender identity

4 Family rooms – one double bed & 1 bunk (2 twin beds) = 16 people

(2 people sharing double bed must be from the same family)

Please list any sleeping arrangement requests - \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Assumption of Risk Agreement for Voluntary short-term Service Trip

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, desire to travel to **Agua Prieta** with Valley Unitarian Universalist Congregation and participate in this Service Trip. I attest that I am at least 18 years old, or am a minor whose parent or legal guardian has signed below. I represent and agree as follows:

1. I am aware of the hazards and risks to my person and property associated with humanitarian service activities for which I am applying. Such hazards and risks include but are not limited to death or injury by accident, disease, terrorist acts or acts of war, military or political problems, criminal activity, traffic, poorly constructed roads, weather conditions, sickness, disease, and inadequate medical series or supplies. I volunteer my services on behalf of Valley Unitarian Universalist Congregation freely and voluntarily despite such hazards and risks and I assume the risks of death, injury, illness, financial expense, and all other damages potentially associated with suck risks. I also understand that no list of possible risks is exhaustive and additional unlisted and unforeseen dangers could arise during my participation. I also understand that there is no emergency medical or trip insurance provided by Valley Unitarian Universalist Congregation and it is neither my legal right nor expectation to have said insurance provided. I also agree that I, and I alone, assume responsibility for my safety and for adequate trip, travel, medical, disability, and liability insurance.
2. I attest and verify that I am physically able and have no medical conditions which would prevent me from performing the volunteer services for which I am applying.
3. I waive any and all claims for any damages, alleged or proven, which I may incur, or in the future discover, against Valley Unitarian Universalist Congregation from this date until the end of time. I release any and all leaders and organizations involved with Valley Unitarian Universalist Congregation from any and all legal liability. I specifically release Valley Unitarian Universalist Congregation, its leaders, and all concerned from any claim of negligence in their duties as leaders and any other charges. In the event that I attempt to make a claim in violation of my release and waiver, I hereby agree to, and shall pay, all legal fees and costs incurred by Valley Unitarian Universalist Congregation and any individuals or organizations involved.
4. I understand that during my volunteer service, photos, videos, and any audio recordings may be taken in public places of activity. I agree to release all rights and claims to my image or the use of my image, or to intellectual or property rights to said recordings. I also agree by signature below that Valley Unitarian Universalist Congregation may use said recordings for promotion of its organization and causes. I also agree that any such recordings taken by me and given voluntarily to Valley Unitarian Universalist Congregation may be used for the same purposes and I release all rights and claims to my image or the intellectual or property rights to these voluntarily released recordings.

Participant

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

Parent/Guardian – **complete and have notarized** **if participant is a minor**

I as a parent or legal guardian, assume all risks on behalf of the minor, and release any and all claims against Valley Unitarian Universalist Congregation for said minor by myself or the minor from the date of this release until the end of time. I assume sole responsibility for the agreements previously listed and agreed to.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

State of Arizona, County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

on this, the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_,

before me, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, a Notary Public in and for said State personally appeared, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ known to me to be the person who executed the agreement above and acknowledged to me that he/she executed the same for the purposes therein stated.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Notary Public

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My Commission Expires

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_