

Required Paperwork:

- This Participant Application
- SERVE Expectation Contract
- Lehigh University Waiver
- Lehigh University Medical Information and Release
- A \$200 Deposit in Cash or a Check made out to “Lehigh University”
- A Copy of a US government issued ID. Driver’s Licenses, Passports, or Visas are fine.

This Application is Due: November 16th at 4:45pm in Ulrich Room 415

Participant Information:

Name: _____

Phone: () _____ E-mail: _____@lehigh.edu

Gender: _____ Year at Lehigh: _____ T-Shirt Size: _____

LIN: _____ Number of previous Lehigh SERVE Trips Attended: _____

Age on January 8, 2012: [] Under 18 [] 18-20 [] 21+

Questions:

Please respond to the following questions in a thoughtful manner. Use as many words as needed to convey your point, but usually a strong, concise paragraph or two per question is sufficient. Please attach your answers to this application

1. Why would you like to participate in a SERVE trip? What do you hope to gain from the experience?
2. Was there a specific time in your life when service or a specific experience made you see something in a different light? How did your perceptions change from this experience?
3. List any past or present community service or volunteer activities in which you have been involved. (This can be before you came to Lehigh and/or since you have been here)
4. What do you think is the most important trait of a successful team? What was your experience on a team that either had or lacked this trait?

Payment and Cancellation Policy:

- If you cancel more than 14 days prior to the trip, you will lose your deposit, but no other costs will be billed to your bursar account.
- If you cancel 14 days or less prior to the trip, you will be billed your share of the full cost of the trip to your bursar account and lose your deposit. Very limited exceptions to this policy will be made after a personal meeting with the Director of Community Service.
- After attending a trip, any additional trip costs over the deposited amount will be billed to your bursar account.
- *By submitting this application you agree to follow this policy*

Important Information:

- There are scholarships available on a limited basis to cover trip costs. Contact the CSO for more information.
- If you do not have access to a copier/scanner, please bring your ID with your application so we can make a copy
- Please keep in mind an incomplete application may not be considered for the program. Please ensure everything needed accompanies this application.
- Please make a copy of this application for your records

Questions?

Contact Sam Hodges at inbreak@lehigh.edu or Anthony Pascale at app211@lehigh.edu or stop by the Community Service Office at 415 Ulrich Student Center

Thanks for applying! Good Luck!



Office Use Only Section:

Checklist:

Deposit (200) Expectation Contract LU Waiver Medical Form ID

Signature Check (in pen):

Expectation Contract LU Waiver LU Waiver Witness Medical Form

Checked by: _____

Trip Assignment: _____

NOTES:

SERVE Expectation Contract

Behavioral Expectations:

As a participant on SERVE, I will...

- Participate with a positive attitude in ALL group activities before, during, and after the trip. If there is a valid academic related excuse, this guideline may be waived for certain meetings by the SERVE coordinator.
- Be prompt to all activities and meetings.
- Become an engaged and active participant in planning group events and activities prior to, during, and after the trip.
- Maintain communication with the Community Service Office and your site leaders, including responding to trip related e-mails and other notices in a timely manner.
- Fundraise for your portion of your trip and help your group plan and implement fundraising ideas.
- Respect other trip participants, your site leaders, and Community Service Office staff.
- Respect and learn from the members of the community you are serving and the agency you are working with.
- Maintain an open mind about new experiences and cultures.
- Be flexible, understanding that sites and conditions may change beyond our control.
- Abide by the University Code of Conduct (<http://www.lehigh.edu/~indost/conduct/handbook/sect6.shtml>) during the trip and during any SERVE related activity before and after your trip.
- Abide by all federal, state, and local laws while participating on the trip.
- Represent Lehigh University in a positive manner.
- Participate meaningfully in reflection at the end of the service day.
- Be safe.

Alcohol and Drug Policy:

As a participant on SERVE, I will follow the policy below.

- Under 21:
Alcohol is absolutely not permitted. Violations of this policy will be referred to the Office of Student Conduct upon our return to Lehigh University.
- Over 21:
Students over the age of 21 may consume alcohol in moderation. Consumption that is not inconsistent with personal health and safety or that interferes with a student's ability to perform the tasks required by SERVE is not permitted and will be referred to the Lehigh University Office of Student Conduct upon our return to campus.
- Drugs are absolutely not permitted by anyone.



As a participant on SERVE, I have read and fully understand the above stated guidelines. I agree to follow these guidelines and fully understand that as a participant on a Lehigh University program my conduct will be referred to the Lehigh University Office of Student Conduct for processing according to the University Code of Conduct. I understand that my failure to follow the above guidelines may result in my removal from the trip, from which I will assume any costs that would result from my removal including, but not limited to, expenses for being sent home while on trip, the total cost of my share of the trip, and a loss of my deposit.

Participant Signature

Date

Participant's Printed Name

Lehigh University Waiver

> Sponsoring department retains this signed form for 2 years

This Release and Waiver of Liability (the "Release") executed on this ___ day of _____, _____ (year) by _____ (the "Volunteer") and (in the case of a minor child) _____, the parent having legal custody and/or legal guardianship of the volunteer (the "Guardian") in favor of Lehigh University, its directors, officers, employees, and agents (collectively, "Lehigh University")

I (the "Volunteer") have volunteered to participate in **winterSERVE Program** that is being run through Lehigh University's Community Service Center from **January 8, 2012 to January 14, 2012.**

The Volunteer (and Guardian) desires to work as a volunteer through the Lehigh University Community Service Office and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the activities may include but are not limited to construction and rehabilitation of residential buildings, environmental protection projects, and working with children.

The Volunteer hereby freely, voluntarily and without duress executes this Release under the following terms:

- 1. Release and Waiver.** In Consideration of the use of premises, facilities or property owned or operated by Lehigh University and/or in consideration of permitting me to participate in the activity listed above, on behalf of myself, my heirs, executors, administrators, successors, or assigns, The Volunteer does hereby release and forever discharge and hold harmless Lehigh University, its agents, servants, employees and successors of and from any and all manner of actions, causes of action, suits, damages, claims, and demands, either in law or in equity, on account of personal injury, including death, or any other cause whatsoever, which I may have against them by reason of or arising out of my participation in the above-listed activity.
- 2. Assumption of the Risk.** The Volunteer understands that the activities include work that may be hazardous to the volunteer including but not limited to, construction, loading and unloading, and transportation to and from Lehigh University and the designated work site.

The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and releases Lehigh University from all liability for injury, illness, death, or property damage resulting from the activities.

- 3. Insurance.** The Volunteer understands that except as otherwise agreed to by Lehigh University in writing, Lehigh University does not carry or maintain health, medical or disability insurance coverage for any volunteer.

Also, as a volunteer, I affirm that my health is good and that I am not under a physician's care for any undisclosed condition that might endanger my health or the health of other participants. Should an accident or injury occur during participation in this program, the Volunteer gives Lehigh University permission to arrange transportation to a medical facility.

By signing below, I (the Volunteer) understand and accept that this Release discharges Lehigh University from any liability or claim that I may have against Lehigh University due to the risks involved in this activity. I also understand that Lehigh University does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness.

Participant Signature

Witness Signature

Date

Date

Participant's Printed Name

Witness's Printed Name

Lehigh University Medical Information and Release

Student Information:

Name: _____

Date of Birth: _____ Social Security Number: _____

Home Phone: () _____ Campus Extension: _____ *if known*

Home Address: _____

Residence Hall: _____ Room Number: _____

Emergency Notification:

Name: _____

Home Phone: () _____ Work Phone: () _____

Relationship to Participant _____

Medical Information:

Medical Insurance Company: _____

Insurance Address: _____

Insurance Phone: () _____ Policy Number: _____

Subscriber's Name: _____

Primary Physician: _____ Phone: () _____

Primary Dentist: _____ Phone: () _____

Health Information:

Describe any major illnesses or injuries in the past year: _____

Describe any recurring illnesses, allergies, injuries or reactions that the staff should be aware of:

Describe any medications that the student may have in his/her possession for treatment of such illnesses, allergies, injuries or reactions: _____



Participant Signature

Date