



UNM Alternative Spring Break  
Participant Application  
Spring 2012

**Application Deadline: December 21, 2011 – 5:00 p.m.**

Complete the following application as thoroughly as possible and return to the Dean of Students Office in the University Advisement and Enrichment Center, Room 280.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

UNM ID#: \_\_\_\_\_ Major: \_\_\_\_\_ Classification: GRAD \_\_\_ SR \_\_\_ JR \_\_\_ SO \_\_\_ FR \_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Important Information**

Information regarding the program will be distributed through e-mail. Please include your e-mail address on this application – this does not have to be your UNM e-mail. You will be expected to check your e-mail regularly for updates from your Trip Coordinator and other participants.

**Trip Overview**

**Minimum Eligibility Requirements and Conditions for Participation**

- You certify that the information you provide throughout the application process is accurate and complete.
- Your completed application, **including deposit, short answer essay and proof of medical insurance**, is submitted by the deadline.
- You are in good academic standing and have no pending disciplinary case or record and understand that any past record or current disciplinary case may prohibit participation in the Alternative Spring Break program.
- In order to be eligible, applicants must be full time students for the Spring 2012 Semester (undergraduates 12 or more hours---graduate/professional students 6 or more hours).
- Pay all deposits and final payments by the stated deadlines. **All payments are non-refundable and must be paid by Money Order or Cashier's Check.** Your payment will cover the cost of air fare, meals, and lodging. Ground transportation in New Orleans to and from the work site, as well as the airport will be provided.

**Financial Commitment** - Your initial deposit indicates your commitment to attend this trip. In the event you are unable to attend, payment for your flight will still be required.

	Payment	Due Date
<b>Deposit</b>	\$130.00	Friday – 12/16/11
<b>2<sup>nd</sup> Payment</b>	\$130.00	Friday – 1/06/12
<b>3<sup>rd</sup> Payment</b>	\$130.00	Friday – 2/03/12
<b>4<sup>th</sup> Payment</b>	\$130.00	Friday – 3/02/12

**Total amount due: \$520.00**

**Please type your answers to the following questions on a separate piece of paper and attach to this application:**

1. Please list relevant leadership experiences and include a description of each. For each experience, please provide an explanation of the leadership skill you developed or discovered that is relevant to a service or education trip.
2. Please describe activities and organizations you are involved in on campus.
3. What apprehensions or concerns do you have about attending the Alternative Spring Break?
4. How might you share your learning experiences when you return home?
5. Please share any quotes, words of wisdom, or philosophy by which you live your life?

### **Alternative Spring Break Participant Expectations**

The following is a list of minimum expectations; your individual trip group will discuss and formulate additional participant expectations as necessary:

- Participate in pre-break activities including group meetings and information sessions/activities.
- Be fully engaged at a participatory level helping to plan and attend events associated with the trip and aspects of the trip's itinerary.
- Maintain communication with Trip Coordinator, including responding to e-mails and phone calls in a timely manner.
- Process the ASB experience individually and with your group through reflection, conversation and other group activities.
- All payments made to Alternative Spring Break are **non-refundable**.

### **ALCOHOL AND ILLEGAL DRUGS POLICY**

Alternative Spring Break is a unique experience that allows participants to immerse themselves in a different culture while providing meaningful community service. Issues of legality, liability, personal safety and group cohesion are of concern when alcohol and other drugs are consumed on an Alternative Spring Break. Each group is encouraged to discuss the use of alcohol during the ASB experience. **At no time will Alternative Spring Break tolerate underage drinking or alcohol abuse.**

Violations of the Alcohol Policy can include:

1. A participant misses any scheduled event because of the effects of alcohol consumption.
2. A participant is unable to complete the service in which they are to be involved.
3. A participant becomes ill, incoherent or otherwise incapacitated due to the effects of alcohol consumption.
4. A participant is disrespectful and inconsiderate of others sharing the same housing.
5. A participant engages in inappropriate behavior toward other individuals as a result of alcohol consumption.
6. A participant engages in destructive behavior toward property due to alcohol consumption.
7. A participant does not abide by the laws of the country in which they are volunteering (including underage drinking).
8. A participant causes embarrassment to the other members of the group, faculty or group site contacts as a result of alcohol consumption.

9. A participant transports alcohol to program sites with the intent of sharing the alcohol with other members of the group.
10. A participant drinks in public or rented transportation vehicles (to include vans and buses).
11. A participant consumes alcohol in places of lodging (hotels, hostels and other places) and/or at volunteer sites.

**Use of Illegal Drugs**

The University of New Mexico has a zero-tolerance policy regarding the possession, use of, manufacturing, production, sale, exchange, or distribution of illegal drugs (as defined by United States law) by students, faculty, and staff participating in Alternative Spring Break. This policy pertains to **all** ASB sites (U.S. and abroad).

**Violation**

Violation of the Alcohol and Illegal Drug Policy is grounds for termination from the Alternative Spring Break program. Termination will result in the participant being sent home at his/her own expense and possible referral to the campus judicial system.

**Participant Conduct**

UNM expects all ASB participants to abide by the laws, regulations, and customs of the host country, community, institution and program. There are certain areas under which the site staff advisor and site leader together have the authority to immediately dismiss a student from an ASB program.

The following behaviors are among those that will result in immediate dismissal from ASB:

- Conduct which is in violation of the laws, rules, regulations, and customs of the host country, community, institution, or volunteer site.
- Conduct that damages or destroys property of another person, institution, or organization.
- Physical or sexual assault, harassment, unlawful possession, use or distribution of illegal drugs, alcohol abuse/misuse, setting a fire or possession of explosives, possession of a weapon including BB guns and knives, theft.
- Behavior, whether academic or social, which constitutes a clear and present danger to the health or safety of persons or property, or threatens the future viability of the program.
- Repeated offenses or severe infractions of the Community Standards and regulations as established by the local lodging facilities.

**Please sign and date below to indicate you have read and fully understand the stated expectations and you understand by applying for this Alternative Spring Break program, the Dean of Student’s Office reserves the right to review your academic and disciplinary records at the University of New Mexico.**

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ \$ \_\_\_\_\_

Fee paid by: Cashier’s Check or Money Order \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

YOUR NAME: \_\_\_\_\_

### **EMERGENCY CONTACT INFORMATION** (For emergency use only)

NAME: \_\_\_\_\_

RELATION: \_\_\_\_\_

PHONE: \_\_\_\_\_

### **INSURANCE INFORMATION**

INSURANCE CARRIER: \_\_\_\_\_

MEDICAL RECORD NUMBER: \_\_\_\_\_

GROUP NUMBER (if applicable): \_\_\_\_\_

PLAN CODE (if applicable): \_\_\_\_\_

SERVICE CODE (if applicable): \_\_\_\_\_

### **HEALTH INFORMATION**

BLOOD TYPE: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

DO YOU TAKE ANY MEDICATIONS ON A ROUTINE BASIS? PLEASE LIST:

\_\_\_\_\_

PHYSICIAN'S NAME: \_\_\_\_\_

OFFICE PHONE: \_\_\_\_\_ EMERGENCY PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

SPECIAL

NEEDS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_