Return applications to the Center for Civic Engagement (Lightsey 203). Please include $25 application fee (cash/check).

Applications Due: Friday, August 23rd at Noon
Leader Retreat: September 6th – 8th

Alternative Spring Break Trip Leader Position Description

Trip leaders will serve as representatives of the Center for Civic Engagement and the Alternative Break program and will receive a small stipend toward the payment of their trip by meeting the expectations of this role. As resources for alternative break participants, leaders will be expected to meet the following criteria throughout the duration of their role:

- Support strategies for participant recruitment including information sessions and student organization presentations
- Support the selection process of diverse trip participants
- Develop and co-lead at least 3 pre-departure educational (must host at least one “expert” speaker)
- Plan and implement one pre-trip and one post-trip service experience for participants
- Organize at least one fundraiser for trip participants
- Coordinate all logistical aspects of trip experience (i.e. lodging, food, travel, appropriate paperwork, training, education, etc.)
- Create and co-lead consistent, connected, challenging reflection activities and conversations with trip participants
- Manage communication with trip participants, faculty/staff advisor, as well as community partners
- Attend all mandatory trip leader and participant meetings and events

Interested in learning more about the responsibilities of a Trip Leader?
Attend our information session:

Wednesday, August 21st at 6PM
Lightsey 2nd Floor

*Keep this document for your records*
Alternative Break Trip Leader Training Mandatory Dates

August
August 28th – 30th Trip Leader Interviews

September
September 6th – 8th Trip Leader Retreat
Wednesday, September 11th Trip Leader Training | 6:00-7:30pm
Wednesday, September 18th Trip Leader Training | 6:00-7:30pm
Wednesday, September 25th Trip Leader Training | 6:00-7:30pm

October
Wednesday, October 9th Trip Leader Training | 6:00-7:30pm
Wednesday, October 23rd Trip Leader Training | 6:00-7:30pm
Saturday, October 26th Trip Leader Service | 10:00am – 3:00pm

November
Wednesday, November 6th Trip Leader Training | 6:00-7:30pm
Wednesday, November 20th Trip Leader Training | 6:00-7:30pm

April
Wednesday, April 9th Trip Leader Appreciation | 6:00-7:30pm

Additional Time Commitments

- Trip Leaders are also required to meet with Maggie bi-weekly to discuss logistical aspects of trip planning
- See specific schedule addendums for additional mandatory dates (i.e. information sessions, participant meetings, pre/post trip service dates) based on your respective trip preferences

*Keep this document for your records*
Alternative Break Trip Leader Application 2013-14

Applications Due: Friday, August 23rd by Noon
Please submit your applications, liability waiver, and $25 application fee to Lightsey, Room 203.
Departure for Leader Retreat: Friday, September 6th 4:00pm
Return from Leader Retreat: Sunday, September 8th 2:30pm

Full Name: __________________________________________________________

As it appears on your passport/driver’s license

Class: Sophomore       Junior       Senior       Graduate Student

Academic major: ______________________________________________________

Previous Alternative Break Trips: ________________________________________

Phone Number: ________________________________________________________

Email: _____________________________

CWID (Student ID): ________________________________

Dietary Restrictions: __________________________________________________

Prospective Co-Leader (if applicable): __________________________________

*While you are encouraged to indicate whether you have a preferred co-leader, the Alternative Break leadership team retains the right to match co-leaders based on application and interview criteria.

Please attach a brief essay response to each of the following prompts:

1. Describe your previous experience with Alternative Break programs and your most meaningful AB memory.

2. What leadership strengths are you able to offer your co-leader (provide examples)? What are some leadership strengths you would seek from a co-leader?

3. In your own words, please define the concept of active citizenship and expand on how your top two trip preferences relate back to the Charleston community.
Alternative Break Trip Ranking

What social themes and communities would you be willing to work with? Please rank ONLY the trips you are interested in leading (1 most interested, etc). You will be considered for all trips that you rank. Price ranges listed are tentative and will be finalized through the budget-planning trip leaders will conduct in the fall semester.

**Fall Break**
October 12th - 15th
- ___ Hunger & Homelessness (Charleston, SC: $100.00)
- ___ Hunger & Homelessness (Asheville, NC: $200.00)

**MLK Weekend**
January 17th - 20th
- ___ Community Development & Activism (Atlanta, GA: $50-100)

**Spring Break**
March 1st - 8th
- ___ Environmental Justice: Organic Farming (La Gran Vista, Costa Rica: $1400-1600)
- ___ Environmental Justice: Urban Farming (New Orleans, LA: $500-$700)
- ___ Education: English Literacy (Outreach 360, Dominican Republic: $1400-1600)
- ___ Education: Academic Disparity & Success in SC (Various locations in South Carolina: $200-400)
- ___ Healthcare: Access & Outreach (Antigua, Guatemala: $1500-1700)
- ___ Healthcare: Rural Healthcare (Appalachian Community TBD: $500-$700)

**Maymester**
Exact dates in May/June TBD
- ___ Sustainability: Sustainable Tourism & Wildlife Rehabilitation (Greece: $3000-3500)
  *The ideal timeframe for this experience is approximately 3 weeks*
- ___ Sustainability: Cultural Preservation/Native American Issues (Domestic TBD: $1500-2000)
  *The ideal timeframe for this experience is approximately 10-14 days*

**Trip Leader Interview Availability**

*Please indicate all times you would be available for an interview.*

<table>
<thead>
<tr>
<th>Wednesday, August 28th</th>
<th>Thursday, August 29th</th>
<th>Friday, August 30th</th>
</tr>
</thead>
<tbody>
<tr>
<td>11:00-11:30</td>
<td>4:30-5:00</td>
<td>11:00-11:30</td>
</tr>
<tr>
<td>11:30-12:00</td>
<td>5:00-5:30</td>
<td>11:30-12:00</td>
</tr>
<tr>
<td>12:00-12:30</td>
<td>5:30-6:00</td>
<td>12:00-12:30</td>
</tr>
<tr>
<td>12:30-1:00</td>
<td>6:00-6:30</td>
<td>12:30-1:00</td>
</tr>
<tr>
<td>1:00-1:30</td>
<td>6:30-7:00</td>
<td>1:00-1:30</td>
</tr>
<tr>
<td></td>
<td>7:00-7:30</td>
<td>1:30-2:00</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2:00-2:30</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2:30-3:00</td>
</tr>
</tbody>
</table>
COLLEGE OF CHARLESTON
LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION
AND AGREEMENT
(Domestic Travel)

1. I ______________________ the undersigned student desire to participate in the following activity/trip
to be held on ______________________. I fully understand and appreciate the dangers, hazards, and risks inherent in the Activity, in the transportation to and from the Activity, and in any independent research or other endeavors I may undertake supplemental to the Activity. These dangers, hazards, and risks can result in injury and impairment to my body, general health and well being, and could include serious or even fatal injuries. I also understand that these dangers, hazards, and risk could include loss or damage to my personal property.

2. Knowing the dangers, hazards, and risks of such endeavors, and in consideration of being permitted to participate in the Activity, on behalf of myself, my family, spouse, heirs, and personal representative(s) (the “Releasors”), I agree to assume all the risks and responsibilities surrounding my participation in the Activity, the transportation to and from the Activity, and in any independent research or other acts undertaken as supplemental to the Activity, and on behalf of myself and the Releasors I hereby release, waive, forever discharge, and covenant not to sue the State of South Carolina, the College of Charleston, and its trustees, officers, agents, employees and any students acting as employees (“Releasees”), from and against any and all liability and for any harm, injury, damage, claims, demands, actions, causes of action, costs, and expenses of any nature that I may have or that may hereafter accrue to me or a Releasor, arising out of or related to any loss, damage, or injury, including but not limited to suffering and death, that may be sustained by me or by any property belonging to me, whether caused by the negligence or carelessness of the Releasees, or otherwise, while engaged in the Activity, any act supplemental to the Activity, or while I am in transit to or from the premises where the Activity or supplemental act occurs or is being conducted.

3. I further agree to indemnify and hold harmless the Releasees from and against any loss, liability, damage or cost, including court costs and attorneys’ fees that may arise due to my participation in the Activity.

4. It is my expressed intent that this LIABILITY RELEASE, EMERGENCY MEDICAL AUTHORIZATION, AND AGREEMENT (the “Agreement”) shall bind me, the members of my family and spouse, if I am alive, and my estate, family, heirs, administrators, personal representatives, or assigns, if I am deceased, and shall be deemed as a legally binding release, waiver, discharge and covenant not to sue the Releasees.

5. I understand, agree and hereby grant Releasees permission to authorize emergency medical treatment for me, if necessary, and that such action by Releasees shall be subject to the terms of this Agreement. I understand and agree that Releasees assume no responsibility for any injury or damage which might arise out of or in connection with such authorized emergency medical treatment.

6. By signing this Agreement, I acknowledge and represent that I have carefully read this Agreement and understand its contents and that I sign this document as my own free act and deed. I further state that I am at least eighteen (18) years of age and fully competent to sign this Agreement; and that I execute this Agreement for full, adequate, and complete consideration fully intending to be bound by the same. I further state that there are no health-related reasons or problems which preclude or restrict my participation in the Activity, and that I have adequate health insurance necessary to provide for and pay any medical costs that may arise as a result of an injury to me. I recognize that the College of Charleston (“College”) is not obligated to provide for any of my medical or medication needs or insurance and that I assume all risk and responsibility for those needs. If I am a driver and will be driving a vehicle (other than a College vehicle) during the period first stated above, I certify that I will, during such period, personally carry automobile liability insurance that includes medical payments coverage.

7. I further agree that this Agreement shall be construed in accordance with the laws of the State of South Carolina. If any term or provision of this Agreement shall be held illegal, unenforceable, or in conflict with any law governing this Agreement the validity of the remaining portions shall not be affected thereby.

8. If I am an employee of the College, I do not consider the Activity within the course and scope of my employment with the College. By signing below I also agree to comply with the College’s Student Code of Conduct and all other College regulations regarding conduct, comportment, and academic integrity during my participation in the Activity. I understand that the College has the right to enforce such standards of conduct and that I may be dismissed from the Activity at any time for failing to abide by such standards. In the event of such dismissal, I shall forfeit all my fees and other payments to the College that are associated with the Activity and I shall be responsible for the payment of my transportation expenses to return to Charleston, South Carolina.

THIS IS A LEGAL AGREEMENT AND INCLUDES A RELEASE OF LEGAL RIGHTS. READ AND BE CERTAIN YOU UNDERSTAND IT BEFORE SIGNING.
Signature:_____________________________________________Date:___________

Print Name of Student:______________________________________

******************************************************************************
If under 18, this form must **ALSO** be signed by a parent or legal guardian before student can participate.

______________________________________________________________
(Print) Parent or Guardian Signature

_____________________________Date

******************************************************************************

**EMERGENCY CONTACTS**

Persons to contact in case of emergency:

Contact Person #1: ____________________________________________

Address:____________________________________________________

__________________________________________________________
TelephoneNumber

(Day):_______________________________________________________
(Night):____________________________________________________
(FAX):_____________________________________________________
(E-mail):

Contact Person #2: __________________________________________

Address:____________________________________________________

__________________________________________________________

Telephone Number
(Day):_____________________________________________________
(Night):____________________________________________________
(FAX):_____________________________________________________
(E-mail):

********************************************************************************
**For College Use Only:**

Agreed to and Accepted by the College of Charleston
(May Only be Accepted by a Non-Student Employee of the College):

__________________________________________________________
Signature

Printed Name:______________________________________________

Title:______________________________________________________

Date:_______________________________________________________