

Thank you for your interest in applying for Alternative Spring Break (ASB) as part of Illinois State’s Alternative Breaks program (AB). Our mission is to move the ISU community towards becoming life long active citizens through volunteering and creating social change.

Please return the entire completed application to the Leadership and Service Unit located on the 2nd floor of the Bone Student Center next to ISU Credit Union by **Friday October 16, 2009.**

If you have any questions, please contact:

**Jamie Clark jlclar2@ilstu.edu
ASB Student Coordinator**

**Omolola Jimoh vpsaotjimoh@exchange.ilstu.edu (309) 438-7346
ASB Advisor**

ASB Cost & Fees

All ASB trips for **Trip Advisors** cost \$75. This includes transportation, housing, most meals, a t-shirt, orientation, reorientation, and training. The following dates outline when payments are due:

- First installment-\$25 Dec 4
- Second installment-\$25 Jan 15
- Third installment -\$25 Feb 12

Total: \$75

You can pay the full amount on or before any of the dates listed above.

All payments are to be returned to the Bone Student Center Business Office-1st floor across from the Cage II.

Once you have been placed on a team, you will receive an additional schedule of events (meetings, program educational, socials, and fundraisers) on Oct 30.

If you need special accommodations to fully participate in this program, please contact the Alternative Spring Break Advisor at (309) 438-7346. Please allow sufficient time to arrange the accommodations.

KEEP THIS PAGE FOR YOUR RECORDS

**Illinois State Alternative Breaks
Alternative Spring Break 2010
Trip Advisor (Faculty/Staff) Application**

OFFICE USE ONLY

Date Recd: _____

Recd By: _____

Deposit: _____

Trip: _____

TLs: _____

Name: _____

UID: _____ Phone: _____

Local Address: _____

City: _____ State: _____ Zip Code: _____

ISU Campus Box: _____ ISU Phone: _____

T-shirt Size _____

E-mail address: _____

Circle One: Civil Service Administrative Professional Faculty Graduate Student

Up to six graduate students may be selected

Are you a full-time ISU employee? YES NO

Department: _____

Title: _____

How did you find out about Alternative Breaks?

FRIEND ADVERTISEMENT FESTIVAL ISU MEDIA
LEADERSHIP AND SERVICE UNIT OTHER: _____

Please return entire completed application to the Leadership and Service Unit on
The second floor of the Bone Student Center next to the ISU Credit Union by
Friday, October 16, 2010

If you have any questions or need special accommodations, please contact the Leadership and Service Unit by phone at
(309) 438-3215.

Please respond to the following questions. 1=very uncomfortable 5=very comfortable

1. How comfortable are you working with children?

1 2 3 4 5

2. How comfortable are you working with tools?

1 2 3 4 5

3. How comfortable are you working with people who are elderly?

1 2 3 4 5

4. How comfortable are you working with people who have disabilities?

1 2 3 4 5

5. How comfortable are you working with people who are homeless?

1 2 3 4 5

6. How comfortable are you working with Native American people?

1 2 3 4 5

Before turning in this application, please read all statements below carefully, consider them seriously, and sign to indicate your agreement. Thank you.

LEADERSHIP UNDERSTANDING:

I understand that the students are the primary leaders of the team and therefore I will not be expected to step forward into a defined leadership role. Instead, I will be a participant who will have the chance to interact within the team and grow with my fellow team members. However, I realize that I will be in charge of **emergency cash** and will assist the trip leaders in the unlikely event of an **emergency**. Finally, I will provide support as needed to the trip leaders.

Initial: _____

COMMITMENT:

Being an Alternative Breaks participant requires time, energy, and commitment. By signing this statement, I am agreeing to invest that time, energy and commitment if selected to be an AB participant. I will attend all mandatory AB events, including all group meetings and the events listed on the final page of this application.

Initial: _____

AB POLICIES

AB participants are required to follow all AB and ISU policies before, during, and after their trip. (For more information about AB and ISU Policies, please refer to the AB website and review the **ISU Student Code of Conduct, ISU Policies & Regulations**, and **AB Zero Tolerance Alcohol & Drug Policy**). I am agreeing to follow and uphold AB and ISU policies.

Initial: _____

SURVEYS and EVALUATIONS

All AB participants will occasionally be asked to participate in surveys and evaluations. The results will be kept confidential and will only be used for program feedback and improvement. By signing this statement, I am agreeing to participate in all AB surveys and evaluations, and to give honest feedback.

Initial: _____

NON-REFUNDABLE PAYMENT POLICY

All participating in AB make payments to go on the trips. These payments are a sign of commitment to the program and will not be refunded. Cases of special circumstance (i.e. medical or family emergency) will be considered. By signing this statement I am signifying that I understand the AB non-refundable payment policy.

Initial: _____

TIME

Use of vacation or other release time is subject to approval of your supervisor. I talked with my supervisor about the trip and s/he is supportive of my participation and we made a decision about how I will account for my time away from my job.

Initials: _____

I have read all above statements and considered them seriously. I fully understand all above statements, and agree to comply with them.

Signature: _____ **Date:** _____