



# Nicaragua

January 15–22, 2012

American Jewish World Service

[www.ajws.org/service](http://www.ajws.org/service)



Join other Jewish college students to experience:

- **SERVICE** – Working in a community development project.
- **STUDY** – Learning about social justice within a Jewish framework.
- **CROSS-CULTURAL EXCHANGE** – Living, working, and playing with a local community.
- **COMMUNITY** – Building and embracing a pluralistic Jewish community.

For more information:

Cara Behneman: [carahillel@umbc.edu](mailto:carahillel@umbc.edu) or 240.505.8944

**UMBC Hillel and AJWS trip to Nicaragua**  
**January 15–22, 2012**  
**Tuition per Participant**

As you may know, the expected cost of this trip is approximately \$2000 per person including airfare, accommodations, food, and any program costs on the ground. Any travel documents, health insurance, or vaccinations pre-trip are not included. Along with AJWS, UMBC Hillel expects to subsidize these costs greatly. We are asking participants to self-assess their ability to pay between \$250 and \$550 (check or credit card) depending on your finances and your access to other scholarship money, support from family, etc. and to indicate appropriate tuition below.

These funds will be due 24 hours after your acceptance to the trip or your space may be forfeited.

Refunds will not be guaranteed after ticketing.

Please indicate what sources of funding are open to you (self, family, fund-raising, etc.):

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Please indicate your self-assessment here: \$ \_\_\_\_\_ ;

and please sign here: \_\_\_\_\_ Date: \_\_\_\_\_

After you sign this form, please fold it and staple or tape it closed so the info inside cannot be seen and submit it with your application as we are striving for a need-blind acceptance process.

Please direct any questions to Cara Behneman, Assistant Director, UMBC Hillel, at 240.505.8944 or carahillel@umbc.edu.





## AMERICAN JEWISH WORLD SERVICE Participant Application

Thank you for your interest in applying to participate in an AJWS Alternative Break. The program is an exciting opportunity to experience grassroots sustainable development and focus on the interrelationship of social justice, service and Judaism. Before applying, we suggest that you consider the following questions:

- Are you able to work on a physical labor project for up to six hours a day?
- Are you interested in engaging in several hours of study each day, through which you will explore your Jewish identity in the context of human rights and social justice?
- Are you equally committed to participating in the physical labor and intensive study components of the program?
- Are you willing to live in modest, rustic accommodations without access to electricity or running water?
- Are you comfortable in an environment in which there is a high level of ambiguity and uncertainty?
- Are you invested in taking part in a group experience, even if it means placing your personal needs second to those of the group?
- Are you prepared to behave respectfully and with cultural sensitivity in your host community?
- Are you excited to share a Jewish experience with a diverse, pluralistic group?
- Are you committed to using this experience to raise awareness about human rights and global justice upon your return?

Should you have questions about your eligibility or participation, please speak to the staff person at your campus who is organizing the program.

Please be sure that your application is complete and that your signature is in all necessary places before submitting to your Hillel.

## CONTACT INFORMATION

First Name:            Middle Name:            Last Name:

Permanent Address:

Telephone: (day)            (evening)            (mobile)

Email:

Current/School Address:

School:

Major:            Graduation Year:

Date of birth:

## PASSPORT INFORMATION

Name exactly as it appears on your passport:

Passport Number:            Expiration Date:

## EMERGENCY CONTACTS

Please list two emergency contacts below; the two parties you list should reside in different households. If you wish to list two individuals who reside in the same household, please list them together under "Emergency Contact 1."

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Address:	Address:
Primary phone:	Primary phone:
Second phone:	Second phone:
Email:	Email:
Relationship:	Relationship:

## RELATIONSHIP TO AJWS

Have you or your family members previously been involved with AJWS?     Yes     No

If yes, in what capacity?

If no, how did you hear about AJWS?

## SHORT ANSWER QUESTIONS

Please list all social, school-related, religious, and neighborhood projects and programs, highlighting volunteer and Jewish community activities.

Briefly describe any cross-cultural experiences you have had. Please be sure to include any study abroad programs, international travel, volunteer, or work experience. Please highlight any experience you have had in the developing world.

We will spend about two hours each day studying and discussing Jewish texts about social justice and service. No previous text-study experience is necessary. What do you think you will contribute to this facet of the trip? What do you hope to gain from it?

This program involved communal living, working and learning. Please describe any experiences you have had in group settings.

What do you feel you could contribute as a participant, both during the program and upon your return? What are you hoping to gain from this experience?

### LANGUAGE SKILLS

Please indicate your abilities in languages other than English.

	Beginner	Proficient	Fluent	Native proficiency
Spanish	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
French	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

### LEGAL INFORMATION

Have you ever been convicted of any crimes, excluding minor traffic violations?  Yes  No

If yes, please explain:

### EMAIL UPDATES

Once or twice each week we will send updates to friends and family of participants. Please list the email addresses of those you would like to receive these updates, using semicolons between email addresses.

### STATEMENT OF ACCURACY and OBLIGATION

Please read the following statements carefully.

- The information I have provided on this application and health survey is accurate and is subject to verification by American Jewish World Service. Any misrepresentation or deliberate omission of fact on this application will be justification for refusal of acceptance to AJWS Alternative Breaks or for termination of a volunteer assignment by American Jewish World Service.

- I understand that my volunteer placement can be terminated, with or without cause, at any time at the discretion of either the organization or myself.
- I give American Jewish World Service permission to investigate all references and to secure additional information about me if related to a volunteer assignment. I hereby release from liability American Jewish World Service and its representatives for seeking such information and all other persons, corporations or organizations furnishing such information.
- I understand that I must have comprehensive health insurance that will cover me while overseas. I will obtain health insurance at my own expense before I depart for a volunteer assignment.
- I understand that, as an AJWS volunteer, my involvement with AJWS does not end upon my return. I will complete both an individual and group follow-up project. I also understand that AJWS alumni are encouraged to speak and write about their experiences in an effort to help educate the Jewish community about issues of global justice and the work of AJWS.

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Signature (type name if submitting electronically)

Date



## AMERICAN JEWISH WORLD SERVICE

### Applicant Health Profile

**Name:**

**Program:** [Click here to select from list...](#)

**Gender:**

1. Please list all physicians (including psychiatrists and psychologists) from whom you have sought care or treatment in the last year. Attach additional sheets if necessary.

Name	Full Address	Phone number

2. Do you have any dietary restrictions?  
If yes, please describe. (If vegetarian, please be specific.)  Yes    No
3. Do you have any allergies to medications or food?  
If yes, please describe:  Yes    No
4. Do you have any significant hearing or vision problems  
If yes, please describe:  Yes    No
5. Do you have walking or mobility problems?  
If yes, please describe:  Yes    No
6. Do you wear a medical alert bracelet, or have a medical condition that may require emergency treatment?  
If yes, please explain the nature of the condition and what emergency medical treatment might be necessary.  Yes    No
7. Do you have any underlying or pre-existing medical conditions that may call for emergency medical treatment and/or that AJWS or emergency care practitioners should be aware of (including in case you are unable to care for yourself)?  
If yes, please describe:  Yes    No
8. Are you currently suffering from mental health, social or behavioral illnesses or disorders?  
If yes, please describe:  Yes    No
9. Do you have a history of suffering from mental health, social or behavioral illnesses or disorders?  
If yes, please describe:  Yes    No
10. Do you have a history of drug or alcohol dependency or abuse?  
If yes, please describe:  Yes    No

*The information contained in this health survey is complete and accurate.*

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Signature (type name if submitting electronically)

Date

If under 18 years of age, parent or guardian must read and sign below: I am the parent or legal guardian of the above minor and verify that the information on this form is true, accurate, and complete.

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Signature (type name if submitting electronically)

Date

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Print name

Relationship to applicant

All medical records will be kept confidential by American Jewish World Service.



## AJWS PARTICIPANT COMMITMENT STATEMENT

The following commitment statement, or code of conduct, outlines the expectations that American Jewish World Service has for participants in its group service programs. Every participant's acceptance is based on our expectation that he or she will abide by the program's goals as well as certain boundaries set by AJWS. While AJWS does not expect any misconduct to occur, it is important to make our expectations clear.

In the spirit of creating a positive community environment, we view this document as a statement of assurance from each participant that he or she agrees to live by these standards and be a trustworthy and understanding member of the group. It is designed for the benefit and safety of the individuals and the group, as well as for the host community and all of the people that the group will encounter.

AJWS reserves the right to dismiss any participant from the program, at the participant's expense, in the event that this agreement has been violated. By signing it, you are agreeing to observe this statement of commitment in its entirety:

1. I will be culturally sensitive and alert. I will act with integrity, kindness and respect for the community, my fellow volunteers, the program and AJWS. If I have any questions as to what is within the realm of appropriate behavior, I will speak with an AJWS group leader.
2. I will act in a safe and responsible manner and will be careful to not endanger the health and safety of myself or others. I understand that verbal or physical abuse or harassment towards others will not be tolerated.
3. I will comply at all times with the program itinerary and the instructions of my group leaders. I will engage in every aspect of the work, study and cross-cultural experience and I will not leave the group unless I have received prior permission from an AJWS group leader.
4. I will not handle firearms or any other weapons, including machetes.
5. I will not use or possess any drugs and/or substances, including alcohol, which are illegal under the laws of the United States and/or my country of service. I will not smoke cigarettes during scheduled activities and will only smoke in the one area designated by the group leaders.
6. I will not jump, dive or swim in any body of water without explicit permission from the group's leaders. (During one- to three-week programs, I will not enter any body of water.)
7. I will refrain from engaging in any romantic relationships and/or sexual activity with either my AJWS group leaders or anyone from my country of service.
8. In order to create an inclusive and safe environment, I understand that electronic devices, including but not limited to PSP, DVD players, laptop computers and cell phones, are prohibited. iPods, mp3 players or personal stereos may only be used with earphones in my room, and not during scheduled activities.

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Signature (type name if submitting electronically)

Date

Additional for participants under the age of 18:

1. I will not use or possess tobacco or any drugs, including alcohol, which are illegal under the laws of the United States and/or my country of service. I will refrain from any behavior that is not legal for someone my age in the United States and/or my country of service.
2. I will give all of my prescription and over-the-counter medication(s) to the AJWS group leaders, who will administer them according to the prescribed instructions. Exception: If prescribed by my physician, I will carry my epi-pen and/or asthma inhaler on me at all times.
3. I will refrain from engaging in any romantic relationships and sexual activity for the duration of the program.

Participants under the age of 18, initial here: \_\_\_\_\_