

-Rebuilding Homes, Restoring Hope-

The University of Akron's Alternative Spring Break Trip New Orleans, LA March 14 – March 21, 2009

The University of Akron will return to the Gulf Coast for the fourth time! We are excited that you are interested in this year's alternative spring break trip to New Orleans created specifically for the Akron Community. This year the University is partnering with a national non-profit known as Rebuilding Together. Our theme is: *Rebuilding Homes, Restoring Hope*. In this packet you will find important information regarding the trip. Please review the entire packet carefully and be mindful of the details and deadlines associated with the trip.

Note: You must be at least 18 years of age to participate in this trip.

Mission: An alternative spring break is a weeklong substance-free program centered on community service and civic engagement held during the UA's spring break. The mission of the Alternative Spring Break program is to offer students an opportunity to spend their Spring Break helping others, while at the same time helping themselves to learn, grow, and become more engaged citizens.

History: Since March 2005 The University of Akron has led an Alternative Spring Break trip for students to the Gulf Coast to assist with disaster relief efforts. Each year the students who participate report that it was a life changing experience and that they had fun doing it!

Rebuilding Together New Orleans and Rebuilding Together Summit County are local affiliates of the Rebuilding Together National organization that is headquartered in Washington DC. Since 1988 Rebuilding Together has worked with volunteers and the community to fulfill its mission to revitalize the homes of low-income, elderly, and/or disabled citizens. As a volunteer at RTNO, you will be part of a nation-wide movement to enable homeowners to live in warmth, safety, and independence.

In 2005, Rebuilding Together's Gulf Coast Operations was launched in response to the devastation of Hurricanes Katrina and Rita. RT's Gulf Coast Operations continues to work on reaching its goal of rebuilding 1,000 homes for low-income homeowners in Mississippi, Louisiana, and Southeast Texas. We would love to have you be a part of reaching this goal!

Yours in service,

Kristin Kullander
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Office of Service Learning & Civic Engagement
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Ron McDonald
Director Leadership, Development & Special Projects
Department of Student Life
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(330) 972-7098

Information

Itinerary

Saturday, March 14

The bus will depart from outside The University of Akron's Student Union late afternoon

Sunday, March 15

We will arrive in New Orleans around noon. After arrival we will check-in to our accommodations at Camp Hope and get settled. There is a mandatory orientation meeting that night at 8:00 PM.

Monday, March 16 – Thursday, March 19

These will be our service days. Here is a rough example of a typical day of service:

6:30 AM	Wake-up
7:00 AM	Breakfast
7:45 AM	Leave for worksite
8:30 AM	Arrive to worksite
8:30-11:30 AM	Working on the home
11:30-12:30	Break for lunch at worksite
12:30-4 PM	Working on the home
4 PM	Leave the worksite to return to Camp Hope
4:30 PM	Arrive back to Camp Hope to shower, change, unwind
4:30-5:30 PM	Free Time
5:30-6:30 PM	Dinner

Friday, March 20

We will complete our service at noon. After that we will return to Camp Hope to shower and get ready for an afternoon and evening of experiencing New Orleans!

Saturday, March 21

We will depart New Orleans around 1:00 am and return to The University of Akron around 7:00 PM.

Facilities

We will be staying at Camp Hope. Camp Hope is a former middle school being used as a basic housing facility for volunteers. It has capacity to hold about 700 volunteers at one time, so other volunteer groups serving in New Orleans will be staying there as well. For more info go to www.habitat-nola.org/camp_hope/index.php

Location - Camp Hope is located in St. Bernard Parish in the town of St. Bernard, LA. It is a 30 minute drive to downtown New Orleans.

Camp Hope Housekeeping Program - Camp Hope is a volunteer based camp supported by the volunteers who stay at the camp. Activities related to camp housekeeping include janitorial/building/grounds maintenance

support. **VOLUNTEER SUPPORT** - All groups (10 or more volunteers) staying at Camp Hope are required to provide one volunteer per day in support of these activities. There are both day and evening shifts that need to be scheduled. This scheduling will be done at check-in.

Rooms - Are dormitory style and divided by gender. Most rooms have from 12-15 double-deck bunks. You must bring your own bedding: sheets, pillows, blankets, and/or sleeping bag. All rooms in the buildings are heated/air-conditioned.

Badges - All volunteers at Camp Hope are issued ID badges during the check-in process. These badges must be worn at all times while on camp for the safety and security of all volunteers. Badges are also required for entry onto the camp.

Curfew - Monday - Thursday Midnight; Friday - Sunday- 2AM.

Quiet time - 10PM - 6AM; during this time, all voices must be kept to a whisper; phone calls must be taken outside and any personal radio/televisions must be turned off. Lounges remain open with reduced volume on all televisions.

Restrooms/ Showers - Showers are private stalls located on the second floor. There will also be shower trailers located outside the dorm building for a portion of the ASB period. Restrooms are located on both the first and second floors.

Laundry facilities - Are available on site. Washers and dryers are \$1.00 per load. Laundry soap, fabric softener and bleach are available to purchase. A bill changer is also available in the laundry room.

Camp Store - They have an extensive camp store that offers many health and comfort items.

Meals - Are prepared daily by an AmeriCorps*NCCC team and on weekends by local residents. The two hot meals will be eaten at Camp Hope and a bag lunch will be packed to take to the worksite. Vegetarian options are available at every meal.

Valuables -The camp is not responsible for lost or stolen belongings. Please limit your valuables. Please bring a small padlock if you wish to use Camp Hope's lockers.

Internet – Camp Hope has public computers with Internet access. Wireless Internet is usually available.

Staff

The University of Akron's Faculty and Staff

Rebuilding Together New Orleans and Summit County

The Department of Student Life

Transportation

Charter bus transportation to New Orleans, Louisiana is provided by The University of Akron.

Please Note: Participants who find, for any reason, that they must return home or any other destination prior to the end of the trip, must provide that transportation at their own expense.

What to Pack

A sample "To Bring List" is included in this package. This should give you a start on how to prepare for the trip. Please remember to pack as lightly as possible.

Trip Cost

The cost to trip participants will range between \$150 and \$250 depending on the success of fundraisers to support the trip. Last year, each student paid \$160 to participate in the trip.

The actual cost per student is about \$450.

Each person going on the trip will be expected to fundraise money through letters to their families and friends and also by participating in group fundraising activities. These group activities not only assist in supporting the trip financially but also assist in building team unity.

Registration

Note registration is on a first come first chosen basis. We are looking to take 50 students based upon interest

You can officially register for the trip by completing all the forms included in the registration packet and submitting those forms to the Information Desk, 2nd Floor UA Student Union.

The deadline for submitting registration materials and deposit is Friday, December 5th, 2008 by 5:00 PM

Payment

To indicate official interest in participating in the Alternative Spring Break Trip, registration packet materials must be completed and submitted the Information Desk, 2nd Floor UA Student Union. This registration must be accompanied by a \$100.00 non-refundable deposit.

- The deadline for submission of the registration and deposit is **Friday, December 5th, 2008 by 5:00 PM**
- Students who submit a registration deposit on stand-by status will be eligible for a refund if we are unable to offer that student a seat on the trip.
- The trip deposit is payable by check, cash, or credit card. You are to submit these payments to the Information Desk on the 2nd Floor in the Student Union. All checks are payable to "The University of Akron". Please indicate "Gulf Coast Spring Break Trip" on the memo line of your check.
- Payment, in full, must be received no later than 5:00 p.m., Friday, February 20 to the Student Union Information Desk.
- Trip payments are non-refundable unless there is a student on stand-by to fill the vacant position or if, for some reason, the trip is officially cancelled.

Important Dates:

Friday, December 5th: Registration & \$100 deposit deadline

Wednesday, December 10th: All registrants will be notified of their trip status

Week of January 12th: First trip meeting

In January & February there will be meetings and email/phone correspondence to prepare for the Hearts for Humanity Fundraiser

Friday, February 6th: Hearts for Humanity Fundraiser (Attendance is mandatory)

SERVICE TRIP APPLICATION

PLEASE PRINT OR TYPE ACCURATELY AND COMPLETE ALL PARTS OF THIS FORM

Basic Information

Today's Date: _____ Student ID #: _____

Last Name: _____ First Name _____ M.I. _____

Email: _____

Gender: Male Female Date of Birth: _____
Mo. Day Year

Home Telephone: _____
(Area Code)

Cell Phone: _____ T-Shirt Size: _____
(Area Code)

Address: _____

City/State/Zip Code _____

I am currently a: UA Student UA Faculty/Staff Other

List any existing medical conditions: _____

List any food allergies or allergies to medication: _____

I have had a tetanus shot within the past 7 years Yes No

I carry medical insurance: Yes No

Name of Insurance Provider: _____

Construction Skills:

Please identify areas where you feel you have a particular skill. Use the following scale (1, 2,3) to indicate level of experience:

1. I am a highly skilled worker, able to lay out activities and supervise others.
2. I am a skilled worker who can take responsibility for my own activities and/or tools.
3. I am a handy person with some experience.

Demolition: 1 2 3

Flooring: 1 2 3

Plumbing: 1 2 3

Brick or Block Mason: 1 2 3

Drywall: 1 2 3

Insulation: 1 2 3

General Contracting: 1 2 3

Roofing: 1 2 3

Other: 1 2 3

Siding: 1 2 3

Carpentry (rough/finish): 1 2 3

Electrical: 1 2 3

Heating (HVAC): 1 2 3

Carpeting: 1 2 3

Engineering: 1 2 3

Landscaping: 1 2 3

Concrete: 1 2 3

Painting: 1 2 3

Leadership or Specialized Skills:

Please check the activities that you would be willing, able, and qualified to do assist with.

- Fundraising (Assist with getting donations for the silent auction, organizing group fundraising efforts for the trip)
- Crew Leader/ House Captain (Serve as the lead volunteer for a specific skill area, such as electrical, plumbing, heating, drywall, siding, etc.).
- Site Volunteer Coordinator (Assist with the coordination of volunteers at the site)
- Activities Coordinator (Help with team building activities. Assist with free-time planning for the group)
- On-Site Housing Coordinator (Organize logistics of housing including room assignments, Camp Hope Volunteer assignments, meal logistics, etc.)
- Medical/Safety Leader
- PR/Media (Assist with Press Releases, Brochures, Posters, T-shirt design, etc)
- Administrative (Assist with application process, photocopying waivers & forms, alphabetizing forms, collecting missing documents from people prior to trip)

Comments/Additional Information: Please provide any additional information that will further explain your interests, skills or experience.

Please submit this completed application (pages 5-11) with a \$100.00 deposit to the Info-Center, 2nd Floor UA Student Union by Friday, December 5th, 2008.
For additional information or questions contact Kristin Kullander, Coordinator for the Office of Service Learning and Civic Engagement (330) 972-6232 or kjk44@uakron.edu.

EMERGENCY INFORMATION

PERSONAL INFORMATION:

NAME: _____
(LAST) (FIRST) (MI)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE (Area Code) _____ WORK PHONE (Area Code) _____

SOCIAL SECURITY NUMBER: ____ - ____ - ____

MEDICAL INSURANCE COMPANY: _____ POLICY NUMBER: _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME: _____
(LAST) (FIRST) (RELATIONSHIP TO YOU)

ADDRESS _____
(STREET) (CITY) (STATE) (ZIP CODE)

HOME PHONE (Area Code) _____ WORK PHONE (Area Code) _____

DO YOU HAVE ANY MEDICAL PROBLEMS?

YES NO

IF YES, PLEASE EXPLAIN:

DO YOU HAVE ANY ALLERGIES?

YES NO

IF YES, PLEASE EXPLAIN:

ARE YOU TAKING ANY MEDICATION?

YES NO

IF YES, PLEASE EXPLAIN:

SIGNATURE _____ DATE _____

**INFORMED CONSENT, RELEASE OF ALL CLAIMS
AND
MEDICAL AUTHORIZATION**

I, _____ (*print name*) acknowledge that I voluntarily desire to participate in the Alternate Spring Break Trip – Rebuilding Homes, Restoring Hope to New Orleans, Louisiana, participation in which is offered to students at The University of Akron. I understand that this trip is not a required component of any course.

I acknowledge and understand that my participation in this event will involve departing on March 14, 2009 and returning on March 21, 2009. I further understand that my participation in this event may expose me to certain risks and personal injuries, including death, as well as damage or destruction to my personal property.

In consideration of being permitted to participate in this trip, I hereby declare and agree as follows:

I declare that I have no physical, mental, or emotional condition, limitation, or disability that would preclude me from participating in this event. I understand and agree that the University personnel accompanying University students in connection with this trip retain the final discretion over the activities associated with this event when it is reasonably determined by such personnel that my safety or the safety of others will be adversely affected. I further understand that while on this trip I am required to abide by the University’s Student Code of Conduct, as well as the trip’s prohibition against use of alcohol and illegal drugs, and that if I fail to do so, it may negatively affect my ability and authorization to participate in this event and may subject me to discipline for violations of the Code of Conduct.

I voluntarily assume any and all risk of accident or personal injury or damage or loss to my person or property and hereby release The University of Akron, its Board of Trustees, officers, employees, agents, representatives, or volunteers from every claim, liability, or demand of any kind sustained, including, but not limited to, any injury, sickness, death, loss of money or personal property, legal entanglement, or any other claim, whether or not caused by The University of Akron or its officers, employees, agents, representatives, or volunteers in connection with this trip.

I hereby consent to the reasonable discretion of the personnel accompanying University students in connection with this trip, and I understand that such personnel are not medically trained to care for any physical or medical problems that may arise nor or they trained in the activities in which I may participate. Therefore, I authorize the administration of emergency first aid care and treatment, the administration of any treatment deemed necessary by a licensed physician or dentist, and the transfer to any hospital, clinic, or other facility reasonably accessible. I understand that should any such medical care or treatment be necessary, I am fully responsible for all costs associated with such care and treatment. I agree to hold The University of Akron, as well as its Board of Trustees, officers, employees, agents, representatives, or volunteers harmless.

I agree that this release binds any of my heirs, administrators, executors, and/or assignees.

I ACKNOWLEDGE THAT I HAVE READ AND FULLY UNDERSTAND THE ABOVE BEFORE HAVING SIGNED THIS DOCUMENT.

Name (Signature)

Date

Witness

Date

**THE UNIVERSITY OF AKRON
ALCOHOL AND DRUG-FREE AGREEMENT**

I, _____, wish to participate in the Alternative Spring Trip Program from March 14, 2009 to March 21, 2009.

It is my full understanding that I will not possess or use alcohol or any controlled substances while on the Alternative Spring Break trip. I understand that any use or possession of alcohol and/or illegal substances as well any misconduct may result in my dismissal from the program.

I also understand that, if at any time, I am found to be using alcohol and/or illegal substances that I will be dismissed from continuing to participate in the service trip and sent home and my own expense.

By signing below, I acknowledge that I have read and understand this agreement and agree to abide by it.

Participant Name (print)

Participant Signature/Date

**THE UNIVERSITY OF AKRON
PHOTO/VIDEO RELEASE FORM**

I authorize The University of Akron to record my/my child's name, voice, likeness and biographic information on videotapes, audiotapes, photographs, CDs, DVDs, video clips and/or web-based materials (media) at The University of Akron's discretion. In addition, I give The University of Akron permission to view, use, and edit such media. I waive all rights to inspect and/or approve the media and any copy that The University of Akron may use in conjunction with the media and the uses to which they may be applied.

I understand that The University of Akron may use the media, in whole, in part, or in composite for educational, research, or promotional purposes, or for any other uses The University of Akron deems fit.

I understand that The University of Akron owns all rights to the aforementioned media. I waive all rights in the media and release The University of Akron from any loss, damage, and/or liability arising out of my appearance on such media.

Print Name of Person Being Recorded

Print Name of Person Signing Release

Relationship (Parent, Legal Guardian, Self)

Signature

Date

Street Address

City, State, Zip Code

Telephone Number



Release and Waiver of Liability-ADULT

PLEASE READ CAREFULLY! THIS IS A LEGAL DOCUMENT THAT AFFECTS YOUR LEGAL RIGHTS!

This Release and Waiver of Liability (the "Release") executed on this _____ day of _____, 20____, by

(print name) _____ (the "Volunteer") in favor of Habitat for Humanity International, Inc., a Georgia nonprofit corporation, and New Orleans Area Habitat for Humanity, Inc., a Louisiana nonprofit corporation, their directors, officers, employees, volunteers, and agents (collectively, "Habitat"); this Release is also in favor of St. Bernard Parish Government, its directors, officers, employees, volunteers, and agents.

The Volunteer desires to work as a volunteer for St. Bernard and Habitat and engage in the activities related to being a volunteer (the "Activities"). The Volunteer understands that the Activities may include constructing and rehabilitating residential buildings, working in the Habitat offices, and living in housing provided for volunteers of St. Bernard and Habitat.

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

Release and Waiver. Volunteer does hereby release and forever discharge and hold harmless St. Bernard Parish, Habitat and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer's Activities with St. Bernard and Habitat.

Volunteer understands that this Release discharges St. Bernard and Habitat from any liability or claim that the Volunteer may have against St. Bernard or Habitat with respect to any bodily injury, personal injury, illness, death, or property damage that may result from Volunteer's Activities with St. Bernard and Habitat, whether caused by the negligence of St. Bernard, Habitat, its officers, directors, employees, or agents or otherwise. Volunteer also understands that St. Bernard and Habitat do 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.

Medical Treatment. Volunteer does hereby release and forever discharge St. Bernard and Habitat from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment, or service rendered in connection with the Volunteer's Activities with St. Bernard and Habitat.

Mold Exposure. Volunteer understands that he/she may be exposed to mold when gutting houses. Mold exposure for extended periods of time can cause illness or other bodily injury. Volunteer assumes the risk to protect them by wearing appropriate equipment. Volunteer does hereby release and forever discharge St. Bernard and Habitat from any claim whatsoever which arises or may hereafter arise on account of any exposure to mold.

Do you have asthma, a respiratory infection, or other respiratory condition or an allergy to mold? Yes No

If you answered "Yes" to the above question, please notify a Habitat official immediately and do not participate in the Activities.

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 the work sites.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases St. Bernard and Habitat from all liability for injury, illness, death, or property damage resulting from the Activities.

Accommodations. I understand and acknowledge that the base camp ("Camp Hope") will provide only the most basic shelter conditions. I understand and acknowledge that there are additional health risks associated with living in a base camp, and agree to act carefully at all times, and guard my safety and the safety of other occupants of Camp Hope. I agree to abide by the rules of the base camp and understand that failure to abide by the rules of Camp Hope may be grounds for my immediate removal from Camp Hope. I understand that Camp Hope is operated by St. Bernard Parish, and under the authority and liability of St Bernard Parish. I hereby release and forever discharge and hold harmless Habitat and St. Bernard Parish and any of their employees, agents, officers, directors, departments, contractors, subcontractors and/or representatives for damages or losses of any type whatsoever. I release, discharge, and waive any action, either legal or equitable, that might arise by reason of any action of the above entities, while providing temporary shelter, a base camp, meals or other services or supplies to me during the period of my participation in the Activities.

Insurance. The Volunteer understands that, except as otherwise agreed to by St. Bernard or Habitat in writing, St. Bernard and Habitat do not carry or maintain health, medical, or disability insurance coverage for any Volunteer. Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.

Photographic Release. Volunteer does hereby grant and convey unto St. Bernard and Habitat all right, title, and interest in any and all photographic images and video or audio recordings made by Habitat during the Volunteer's Activities with St. Bernard and Habitat, including, but not limited to, any royalties, proceeds, or other benefits derived from such photographs or recordings.

Other. Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Louisiana, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Louisiana. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year first above written.

Volunteer Signature: _____ **Witness Signature:** _____
FORM MUST HAVE WITNESS SIGNATURE

Address (street, city, state & zip): _____

Phone (H): (_____)_____-_____- Phone (C): (_____)_____-_____-



VOLUNTEER ENROLLMENT AND WAIVER OF LIABILITY

Group Name: The University of Akron

Work Days: *from* March 16, 2009 *to* March 19, 2009

Volunteer First Name: _____ Volunteer Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home #: _____ Work #: _____ Cell #: _____

Email address: _____

Emergency Contact: _____ Phone: _____

T-shirt Size: _____ Vegetarian?: Y / N Gender: M / F Birthdate: _____

Please indicate any special skills you possess:

	Professional	Skilled	Amateur	None
General Contractor				
Project Manager				
Home Inspector				
Carpenter				
Plumber				
Electrician				
Painter				
Mason				
Roofer				
Plasterer/Drywall				
HVAC				
Tile Setter				
Other:				

In consideration of participation in Rebuilding Together New Orleans' program to repair, renovate, improve or construct homes in the New Orleans area (hereinafter sometimes referred to as the "Project"), I agree to indemnify, release, discharge, and hold the Preservation Resource Center and Rebuilding Together New Orleans, a program of the Preservation Resource Center, (the Preservation Resource Center and Rebuilding Together New Orleans are collectively referred to as "RT"), their Board of Directors, Executive Director, their officers, servants, agents and employees, and the homeowner whose home is under repair, harmless from and against any and all liability, claims, demands, damages, actions, of causes of action, including illness, disease, bodily injury or death, whatsoever arising out of or related to the Project, occurring during or arising from my participation in the Project, or occurring while in, on, or upon the premises where any aspect of the Project is being conducted or in transportation to and from said premises. Including liability, claims, demands, damages, actions, of causes of action attributable to the negligence of RT, its Board of Directors, Executive Director, its officers, servants, agents and employees, or the homeowner whose home is under repair.

I understand that the Project may require me to enter and work on homes that are in various degrees of disrepair, including but not limited to those with known or unknown structural defects and I am fully aware of risks and hazards connected with participation in the Project, including but not limited to the risks as noted and released herein, and hereby voluntarily elect to participate in the Project, and to enter the premises selected by RT and engage in such activity knowing that the

activity may be hazardous to me. I voluntarily assume full responsibility for any risks of loss, property damage or bodily injury, illness, disease, including death, that may be sustained by me or any loss or damage to property owned by me, as a result of being engaged in activities related to the Project, whether caused by the negligence of RT, its Board of Directors, Executive Director, their officers, servants, agents and employees, or the homeowner whose home is under repair or otherwise.

It is my express intent that this release and hold harmless agreement shall bind the members of my family and spouse (if any), if I am alive, and my heirs, assigns, and personal representative, if I am not alive, shall be deemed as a release, waiver, discharge and covenant not to sue RT, its Board of Directors, Executive Director, their officers, servants, agents and employees. I hereby further agree that this waiver of liability and hold harmless agreement shall be construed in accordance with the laws of the state of Louisiana. I understand that this agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Louisiana and that if any portion hereof is held invalid, I agree that the balance shall, notwithstanding, continue in full legal force and effect.

I further understand and agree that by participating in the Project, that (i) I may become exposed to biological and chemical hazards unique to post-Katrina New Orleans, but not limited to, exposure to mold, mold spores, and chemicals used in the treatment and removal of mold and mold spores; (ii) exposure to mold and mold spores carries with it certain risks including, but are not limited to: allergic reactions, irritation associated with volatile organic compounds (vocs), invasive disease, mycotoxicosis; (iii) these risks are increased if I am elderly or suffer from immune system deficiencies due to disease, chemotherapy, or other causes; (iv) infants are also susceptible to increased risks; and (v) I should make every effort to avoid exposing family members to contaminated clothing or tools.

I understand that RT, its Board of Directors, Executive Director, their officers, servants, agents and employees or the homeowner whose home is under repair will not be responsible for any medical costs associated with an illness, disease or bodily injury I may sustain or contract.

I further agree to become familiar with the rules, regulations and safety guidelines or material safety data sheet issued by the manufacturer or seller of any tool, product, or material used during the course of the Project and not to violate said rules and that I will further assume the complete risk of any activity done in violation of any rule, warning, directive or instruction.

I also understand that I should and am urged by RT to obtain adequate health and accident insurance to cover any disease, illness or bodily injury to myself that may be sustained during the Project or the transportation to and from the Project.

In signing this release, I acknowledge that I have read the foregoing waiver of liability and hold harmless agreement, understand it and sign voluntarily as my own free act and deed; no oral representation, statements or inducements apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this release for full, adequate, and complete consideration fully intending to be bound by same.

Signed this _____ day of _____, 200__.

Volunteer (Signature)

Witness (Print Name)

Witness (Signature)

To Bring List

- ✓ A positive attitude
- ✓ Alarm clock (battery operated)
- ✓ Any medications/vitamins you will need throughout the week
- ✓ Baby wipes/Cleansing cloth
- ✓ Bandannas
- ✓ Book/Other reading materials
- ✓ Camera
- ✓ Casual pants
- ✓ Day backpack (use as carry-on bag/day pack for work sites)
- ✓ Government-issued photo ID (Diver's license)
- ✓ Hat
- ✓ Laundry bag/Plastic bag
- ✓ Lots of energy
- ✓ Pillow (don't pack it...use it on the bus)
- ✓ Rain gear/Poncho
- ✓ Shampoo
- ✓ Shorts
- ✓ Shower shoes/flip-flops
- ✓ Sleeping bag/sheets
- ✓ Small blanket (to use on the bus)
- ✓ Small flashlight (extra batteries)
- ✓ Sneakers
- ✓ Soap
- ✓ Socks (bring extras)
- ✓ Storage space is limited... soft bags are much more space efficient (soft bags = duffle bags/sports bags not hard suit cases)
- ✓ Student ID
- ✓ Sunglasses
- ✓ Sunscreen
- ✓ Toiletries (basic)
- ✓ Toothbrush
- ✓ Toothpaste
- ✓ T-shirts
- ✓ Underwear, etc.
- ✓ Wash cloth, hand towel, & bath towel
- ✓ Water bottle
- ✓ Work boots (Must be closed toe and have a sturdy sole)
- ✓ Work gloves (preferable leather)
- ✓ Work pants

What NOT to Bring

- ✗ Anything scented
- ✗ Expensive electronics
- ✗ Expensive jewelry
- ✗ Your best clothes



**The Office of Leadership & Development
Akron, Ohio 44325-4608**

TO: Potential Sponsors

**FROM: Ron McDonald
Director**

DATE: January 2009

RE: Rebuilding Homes, Restoring Hope Alternative Spring Break Trip

In an effort to provide our students with meaningful, unique educational opportunities and to offer much needed assistance to the families and municipalities in hurricane devastated areas, The University of Akron is coordinating a Spring Break service trip for our students.

The University is organizing an opportunity for our students to travel to New Orleans, Louisiana, March 14 – 21, 2009. Our students will be traveling there by bus. They will be staying at Camp Hope, a volunteer camp in New Orleans run by AmeriCorps members. They will be working with Rebuilding Together to rebuild homes devastated by Hurricanes Katrina and Rita. The cost of this trip including transportation, accommodations, and meals is \$450.00. Many of our students wish to serve, but are challenged by the cost. You are being approached to become a sponsor for one of our students. Your tax deductible contribution will support this student's desire to serve those devastated by the worst natural disaster in our nation's history.

Thank you for your consideration.

If you have any further questions, please contact my office at (330) 972-7098 or at rmcdonald@uakron.edu.

THE UNIVERSITY OF AKRON
DISASTER RELIEF SPONSORSHIP FORM

VOLUNTEER'S NAME: _____
ADDRESS: _____
PHONE: _____

Your gift will assist me in attending a volunteer hurricane disaster relief effort in New Orleans, Louisiana, March 14 – 21, 2009. Hurricane Katrina's wind and rain caused major damage along the gulf coast. I have signed up as a disaster relief volunteer with Rebuilding Together and the University of Akron. I will be traveling to Louisiana to assist families with their recovery efforts. Please assist me in raising \$450.00 so that I may attend this disaster relief effort. Your gift is tax deductible and 100% of your gift will directly support those who are struggling to rebuild their lives in the aftermath of a catastrophic disaster. If you would like more information contact Kristin Kullander, Coordinator for the Office of Service Learning and Civic Engagement at (330) 972-6232.

Name of Business/Individual/Organization, Address, and Donation:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____

No gift is too large or too small when given from the heart. Thank you. Please make your check payable to the University of Akron/Gulf Coast Trip and thank you for your support.

Students – Please return this form along with donations (checks payable to The University of Akron) to Kristin Kullander in the Office of Service Learning & Civic Engagement in Simmons Hall 205N, The University of Akron, Akron, Ohio 44325-6201. For more information contact Kristin at (330) 972-6232 or at kjk44@uakron.edu.