



APPLICATION PROCESS

To apply for a JustJourney, please complete the application form below and submit it to us, along with a \$200 deposit. You will receive a confirmation email or letter when you have been formally accepted for the JustJourney. If you have a group of 6 or more people and would like to customize your own JustJourney, please contact justjourneys@uusc.org or call 617. 868.6600, x 316.

► Application Form

Please do not purchase your airline tickets until you have received official notification of your acceptance for the JustJourney.

► Payment and Cancellation Policy

Deposits are non-refundable.

Full payment for a JustJourney is expected a month and half before the JustJourney begins.

A cancellation notice from a participant must be received by UUSC in writing within 30 days of departure for a refund. UUSC rarely cancels a JustJourney, but in the unlikely event that we do, you will receive a full refund of your program fee. UUSC does not refund airfare tickets.

JustJourneys recommends that our participants purchase travel insurance to protect themselves against financial loss in the case of personal emergency or other unforeseen events.

We recommend that you purchase refundable or transferable airline tickets, as an added protection in the case of a family emergency or a JustJourney cancellation.

► Code of Conduct

► Liability Form

A signed Agreement and Release of Liability form is due immediately upon your acceptance for the JustJourney.



UNITARIAN UNIVERSALIST SERVICE COMMITTEE

689 Massachusetts Ave, Cambridge, MA 02139
617-868-6600 • 800-766-5236 • Fax: 617-868-7102 • www.uusc.org

JUSTJOURNEY Application

JustJourney Theme:	JustJourney Date:		
<u>UUSC Contact: Xenia Barahona – justjourneys@uusc.org</u>			
Full Legal Name:			
Last Name _____		First Name _____	Middle Initial _____
Date of Birth: _____		Occupation: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		(This information is used for housing arrangements.)	
Address:			
Street / P.O. Box _____		Apartment / Suite # _____	
City _____	State _____	Postal Code / Zip _____	Country _____
Telephone: Home _____		Work _____	
Cell _____	FAX _____	E-mail _____	
Citizenship Information			
Country of Citizenship: _____		Passport Number: _____	
Issue Date: _____		Expiration Date: _____	
Place of Issuance : _____			

Are you a member of UUSC? Yes No

To join: To become a member of UUSC, please enclose a check to UUSC. Please select the appropriate membership box.

- Partner Match Program - \$75 General Individual Membership - \$40
 Student - \$10 Senior - \$20

Cancellation Policy

Cancellations by participants must be received by UUSC in writing. A cancellation notice received up to 30 days before departure will be assessed only non-recoverable costs. No refund will be provided for a cancellation received within 30 days of departure. UUSC does not refund airfare tickets. UUSC will give full refunds in the unusual case that it cancels a JustJourney

PAYMENT

Deposit

Enclosed is **my deposit of \$200.00**. This deposit will go towards full payment of the JustJourney. **Full Payment is due 1 ½ months before departure.**

Journey Code

Make Checks payable to UUSC.

Enclosed is a check for \$ _____

Please Charge my: Visa MasterCard American Express

Amount \$ _____ Name on Credit Card: _____

Credit Card # _____ Exp Date: _____

Full Payment

Journey Code:

Make Checks payable to UUSC

Enclosed is a check for \$ _____

Please Charge my: Visa MasterCard American Express

Amount \$ _____ Name on Credit Card: _____

Credit Card # _____ Exp Date: _____

**This shaded
box for office
use only.**

Date Received
Date Entered in database
Copy at JustJourney

Confirmation Packet Sent
Check Amount and Number
By

Other Information:

How did you hear about this trip?

Do you belong to a UU congregation or another faith-based group?

What are your objectives and expectations for this JustJourney?

Please list any relevant interests or skills that you have.

Please describe any relevant work, volunteer, and/or travel experience that you have.

You do not need to speak any language other than English to participate in this program. However, if you do know any languages spoken in our destination country, please list them and your level of proficiency (beginner, intermediate, advanced).

Please also describe how you will share this experience with your home congregation, campus, workplace, community on your return?

Is there anything else related to your participation on the JustJourney that you think we should know?

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Medical Information

Name of Participant: _____

JustJourney Theme: _____

Today's Date: _____

The information you provide on this form will be kept strictly confidential. It will not be used to determine your eligibility for this program. However, it will be used by staff to accommodate any special needs and/or respond to any emergencies.

JustJourneys can be physically and emotionally demanding experiences. Please thoughtfully assess your health in light of the potential rigors of participating in a JustJourney, such as climatic change; diet change; intense pace; bumpy roads; and walking uphill. These factors, combined with possible culture shock, can negatively impact your health and continued participation in a JustJourney.

1. Age: _____

2. Describe any medical conditions, physical limitations, and/or restrictions that you have.

3. Please list all medications you are currently taking. (Use back of sheet, if necessary.)

4. Are you now under a doctor's care? Have you been under a doctor's care during the last six months? If yes, what condition(s) are/were being treated?

5. Have you had any traumas or life changes in the last six months?

6. Do you have any special dietary needs? Vegetarian Vegan Other

7. Is there anything else we should know about your current health?

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Health Insurance Information:

Note: Health insurance is a requirement for participation in JustJourneys.

Name of Insured:

Last Name	First Name	Relationship
Name of Insurance Company and Plan Name _____		
Address of Insurance Company _____		
Telephone Number of Insurance Company _____		
Policy Number or Insurance ID Number _____		Group Number _____
Date of Last Tetanus Shot _____		

Medical Permission / Waiver: Please sign and date the appropriate section below.

In case I am incapacitated, I hereby give consent to the JustJourney staff to seek emergency medical treatment for me including related transportation, ordering x-rays, routine tests, anesthetic, medical and surgical diagnosis or treatment, or hospital services. I agree to the release of any records necessary for insurance purposes.

Signature of Applicant and date:

Various vaccinations are recommended for travel to Central America. If selected for the trip, you must visit your doctor or a travel clinic to discuss vaccinations.

Emergency Contact Information: Please list two individuals in your family or community whom we may contact.

Last Name	First Name	Relationship
Telephone: Home (____) _____ Work (____) _____ Cell (____) _____		
Last Name	First Name	Relationship
Telephone: Home (____) _____ Work (____) _____ Cell (____) _____		

Signature of Applicant Participant _____ Date _____

Fax your application to 617.868.7102 or

Mail your application to:

UUSC

JustJourneys

689 Massachusetts Ave

Cambridge, MA 02139-3302

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Just Journeys: On the Path to Rights for All

CODE OF CONDUCT

“If you have come to help me you are wasting your time. But if you have come because your liberation is bound up with mine, then let us work together.”

An Aboriginal Woman

“If large numbers of Americans are ever to care about human rights violations around the world, they must see the implications of those violations for their own lives here at home.”

William Schultz – *‘In our Best Interest: How Defending Human Rights Benefits us All’*

The Unitarian Universalist Service Committee (UUSC) is a nonsectarian human-rights organization. We advance human rights and social justice in the United States and around the world by partnering with those who confront unjust power structures and mobilizing to challenge oppressive policies.

JustJourneys are transformative experiences that call on participants to examine their own roles and values when faced with unjust power. In witnessing the devastating effects of systemic oppression and human-rights abuse, JustJourneys participants are challenged to relate social injustice to their own lives. They are encouraged to understand issues in terms of how they are linked to their own communities.

UUSC abides by certain principles and beliefs:

- Our partners are agents of change -- not victims.
 - Rights are not charity.
 - Power is created *with* others, not *over* others.
 - Partnerships should be eye-to-eye.
 - By our words and deeds, we create space for relationships of mutuality and respect.
-

The purpose of this code of conduct is to set the tone for the kind of relationships we wish to nurture through JustJourneys. This code will be discussed and enhanced with participants' input during our orientation. It will serve as a reference point during our trip.

My Commitment

I commit to educating myself before my Journey.

I commit to being responsible and accountable in my actions to my community of fellow JustJourney travelers.

I commit to being an engaged listener.

I commit to participating in group-reflection sessions during my visit.

I commit to not making promises to UUSC's partners and/or local residents in terms of gifts, donations of money, or return visits, etc.

I commit to respecting the lives, culture, and decisions of the groups and individuals I meet.

I commit to respecting the suggestions of our hosts with regard to our presence and mobility in another nation.

I commit to recording my experience and, on my return, sharing my experience through various means (such as the media, public education, and political advocacy).

I commit to being thoughtful about my next steps, in accordance with what people in the country ask of me.

I commit to continuing my education and seeking to understand the issues as they affect my own community and nation.

I commit to consulting with UUSC staff and/or representatives when in doubt concerning appropriate responses or actions.



Questions for self and group reflections:

- Will I think of the people I meet as innovative and creative problem solvers or as potential recipients of my charity?
- How will I look for hope and solutions?
- When I return, how can I apply what I learn on this JustJourney to problems in my community and in other places around the world?



Unitarian Universalist Service Committee
689 Massachusetts Ave, MA 02139 • (617) 868-6600 • (800) 388-3920
Fax: (617) 868-7102 • www.uusc.org

Agreement and Release of Liability
(Read carefully before signing)

Name _____

JustJourney's Title _____ Dates _____

1. I, _____ (“Registrant”) have applied and intend to participate in a JustJourney offered and/or coordinated by Unitarian Universalist Service Committee (“UUSC”) in Cambridge, Massachusetts.
2. I have voluntarily enrolled in a JustJourney which includes travel outside the United States of America to _____ and possibly other countries. I have made a deposit that has been paid to UUSC to apply against the costs of transportation, housing and other goods and services to be arranged for me by UUSC. I understand that my participation in the JustJourney is subject to my timely payment to UUSC of all costs and expenses incurred by UUSC on my behalf. Cancellations by participants must be received by UUSC in writing. No refund will be provided for a cancellation received within 30 days of departure. UUSC rarely cancels a Journey but in the case we do you will receive a full refund of your program fee. UUSC does not refund airfare tickets
3. I understand and am aware that my participation in the JustJourney may expose me to special risks and dangers, including but not limited to, the hazards of travel by various means of conveyance; the hazards of politically unstable areas, the dangers of civil disturbances and war; the forces of nature; unfamiliar or different terrain, language, climate, food and drink, customs, social and sexual mores, safety practices and regulations, communications, criminal activity, law enforcement activity, disability access, road conditions, driving practices, disease risks, lack of sanitary food and water; acts or omissions of UUSC, and/or agents, employees, officers, trustees, directors, associates, affiliated companies, subcontractors, or cooperating agencies or organizations; and accidents or illness in places without access to medical facilities, transportation, and/or means of rapid evacuation or assistance. I understand that it is my responsibility to research and evaluate the risks I may face in this JustJourney and I voluntarily assume any risk and liability.
4. I am aware that my participation in the JustJourney and my use of transportation, housing and dining services, and other goods and services in connection with my participation in the JustJourney carry a risk of serious personal injury, serious illness, death and property damage or loss. I expressly and voluntarily assume all risk of injury, illness, death and property damage or loss that may result from my participation in the JustJourney and/or my use of goods and services in connection with my participation in the JustJourney.
5. In consideration for being permitted to participate in the Program, I hereby **RELEASE AND DISCHARGE** UUSC and agents, employees, officers, trustees, directors, associates, affiliated companies, subcontractors, or cooperating agencies and organizations (“the Released Parties”) from any and all liability and/or damages for personal injury, illness, death, damage or loss of property, cost or expense arising out of the arrangement or provision of transportation, housing, dining or other goods and services, or arising out of any other activity incident to my participation in the JustJourney.
6. I agree not to sue or make claim against the Released Parties for injury, illness, death, damage or loss, cost or expense sustained as a result of participation in the JustJourney or the use of the goods and personal services in connection with my participation in the JustJourney. I will indemnify and hold harmless the Released Parties from all claims, judgments, and costs, including reasonable attorneys’ fees, incurred in connection with any action relating to my participation in the JustJourney. I also agree to reimburse UUSC for any sums UUSC may advance for the purchase of goods or services on my behalf in connection with my participation in the JustJourney. I accept all responsibility for loss or additional expenses, including, but not limited to travel, lodging, meals, personal and other program related expense, due to delays or other unforeseen causes.
7. In the event that this program is cancelled during any portion of it due to unforeseen circumstances (e.g. political unrest, natural disaster, acts of terrorism or other unforeseen circumstances), I understand that I will only receive reimbursement for any costs that may be reasonably be recovered by UUSC. I agree that if I remain in the foreign country after receiving notice of the cancellation of the JustJourney that:, a.) I am responsible for my own care and safety, as UUSC will have no responsibility or liability for my care and safety after I leave the JustJourney; c.) **I accept all responsibility for loss or additional expenses, including, but not limited to transportation and return travel, lodging, meals, personal and other program related expenses, or any other services to me in connection with remaining in the foreign country.**

8. I further agree to abide by all applicable rules and regulations of UUSC, and its staff, representatives or designees, all instructions of its staff, representatives or designees while participating in the JustJourney and the laws of the governmental jurisdictions at the place or places of program offering. I understand that noncompliance may, at UUSC's election, result in expulsion from the JustJourney and forfeiture of JustJourney fees. I agree that if I violate any applicable rule, regulation, instruction or law at any time during the JustJourney I may, at UUSC's election, be sent home immediately at my own expense. I agree to reimburse UUSC for any and all costs associated with sending me home. I agree to indemnify and hold harmless the Released Parties from all claims or losses resulting from my failure to abide by such rules, instructions and laws. I further agree that UUSC may send me home at any time during the JustJourney if they determine that my continued participation in the JustJourney will adversely affect my health, safety or welfare or the health, safety, welfare or enjoyment of other delegates or reflect adversely upon UUSC.
9. I agree that if I leave the JustJourney prior to its completion due to my own circumstances that: a.) I will provide the UUSC representative advance written notice of my intention to leave the JustJourney; b.) I am responsible for my own care and safety, as UUSC will have no responsibility or liability for my care and safety after I leave the JustJourney or if the JustJourney is cancelled; c.) I accept all responsibility for loss or additional expenses, including, but not limited to transportation and return travel, lodging, meals, personal and other program related expenses, or any other services to me in connection with my early departure.
10. I understand that UUSC may notify the person or persons that I have listed as an emergency contact in the event that I become seriously ill or am involved in an emergency situation during the JustJourney. In the event that I am unable to make my own medical decisions, the UUSC representative may have to make those decisions on my behalf.
11. No health, accident, disability, personal property, hospitalization or other insurance covering injury to me, loss or damage to any of my property is included in any fees paid for the JustJourney. I understand that if I desire insurance coverage or protection of any type, it is my responsibility to procure it on my own behalf. UUSC assumes no responsibility for insurance coverage or protection.
12. Should any of the provisions of this Agreement and Release, or portions thereof, be found to be invalid by any court of competent jurisdiction, the remainder of this Agreement and Release shall nonetheless remain in full force and effect. This Agreement and Release shall be construed under the laws of the Commonwealth of Massachusetts.
13. I understand that I assume full responsibility for any undisclosed physical, mental or emotional issues which might impair my ability to complete the JustJourney. If I do not make medical and psychological needs known in a timely manner at least fourteen days prior to the commencement of the JustJourney, this may delay or cancel my participation in the JustJourney, if reasonable accommodations can not be made in a timely manner.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

REGISTRANT'S SIGNATURE

DATE

REGISTRANT'S NAME AND DATE OF BIRTH (please print)

IMPORTANT: IF REGISTRANT IS A MINOR (under 18 years of age): PARENT OR LEGAL GUARDIAN MUST SIGN.

I am the Registrant's parent or legal guardian. I am signing this Agreement and Release on my own behalf and on behalf of the Registrant and his/her heirs and assigns.

I HAVE CAREFULLY READ THIS AGREEMENT AND RELEASE AND FULLY UNDERSTAND ITS CONTENTS. I SIGN IT OF MY OWN FREE WILL.

PARENT OR LEGAL GUARDIAN'S SIGNATURE

DATE

PARENT OR LEGAL GUARDIAN'S NAME (please print)

Return this Agreement and Release of Liability form to: Unitarian Universalist Service Committee, Attn: Xenia Barahona, 689 Massachusetts Ave, Cambridge, MA 02139. For more information, contact Xenia Barahona at (617) 301-4316.