



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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