



Unitarian Universalist Service Committee

130 Prospect Street, Cambridge, MA 02139 (617) 868-6600 (800) 766-5236

Fax: (617) 868-7102 E-mail: justworks@uusc.org www.uusc.org

Just Works Workcamps Application

Workcamp Session/Location: _____		Today's Date: _____	
Preferred Session Dates: _____			
Workcamper's Full Legal Name:			
Last Name	Middle Name	First Name	
Mailing Address:			
Street / P.O. Box		Apartment / Suite #	
City	State	Postal Code / Zip	Country
Telephone: Home (____) _____ Work (____) _____			
Cell (____) _____ FAX (____) _____ E-mail _____			
Permanent address (if different from above):			
Street / P.O. Box		Apartment / Suite #	
City	State	Postal Code / Zip	Country
Telephone: Home (____) _____ Work (____) _____			
Cell (____) _____ FAX (____) _____ E-mail _____			
Personal Information:			
Are you affiliated with a UU congregation? If so, which one? _____			
Date of Birth: _____			
* Please Note: Applicants under 18 must have parental consent (see "Medical Permission / Waiver" page 2).			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female This information is used for housing arrangements.			
How did you hear about the UUSC Just Works Workcamp Program?			
<input type="checkbox"/> Web site <input type="checkbox"/> Church <input type="checkbox"/> School <input type="checkbox"/> UUSC brochure <input type="checkbox"/> Friend <input type="checkbox"/> Co-worker <input type="checkbox"/> Family member <input type="checkbox"/> Other _____			
Have you ever participated in a UUSC Workcamp? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which one(s)? _____			

This shaded box for office use only.	Date Received	Confirmation Packet Sent
	Date Entered in database	Check Amount and Number
	Copy at Workcamp	By

<p>Health Insurance Information: Note: Health insurance is a requirement for workcamp participation. Name of Insured:</p>		
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 _____		
<p>Medical Permission / Waiver: Please sign and date appropriate section below.</p> <p>Applicants age 18 or older: I hereby give consent to the workcamp 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.</p> <p>Signature of Applicant and date:</p> <p>_____</p> <p>Custodial Parent / Guardian of Applicants under the age of 18: In the event that I, the custodial parent or guardian, can not be reached in an emergency, I hereby give permission to the physician selected by the workcamp to secure and administer treatment including hospitalization for the workcamper named in this application.</p> <p>Signature of Custodial Parent / Guardian for Applicants under 18 and date:</p> <p>_____</p> <p>Printed Name of Custodial Parent / Guardian for Applicants under 18:</p> <p>_____</p>		
<p>Emergency Contact Information: List two individuals in your family or community whom we may contact.</p>		
Last Name	First Name	Relationship
Telephone: Home (____) _____ Work (____) _____ Cell (____) _____		
Last Name	First Name	Relationship
Telephone: Home (____) _____ Work (____) _____ Cell (____) _____		
<p>Medical Conditions: Describe any physical limitations and/or restrictions, disabilities, medical or food allergies, etc. Please list all medications you are currently taking. (Use back of sheet, if necessary.)</p> <p>_____</p> <p>_____</p>		
<p>Special Dietary Needs: <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Kosher <input type="checkbox"/> Other</p> <p>If "other," please describe. _____</p>		

Are you a member of UUSC? Yes No

To join: If you are not a UUSC member and would like to become one, please enclose a check to UUSC or charge it by adding the cost to your workcamp fee. Please select the appropriate membership box.

Partner Match Program - \$60 General Individual Membership - \$25 Student - \$10 Senior - \$10

Payment: Please see the UUSC website or contact our office to find out the cost of the workcamp you have chosen. The fee covers the cost for meals, housing, orientation, work oversight, and insurance.

Enclosed is a check for \$_____. Make payable to UUSC / Just Works.

Please charge my credit card. VISA MasterCard American Express

Credit Card Number _____ Expiration Date _____

Signature of Cardholder _____

Participant Statement:

In consideration of the opportunity afforded me to volunteer in the Unitarian Universalist Service Committee Workcamp (hereafter referred to as UUSC, UUSC Workcamp or workcamp), and in light of the aims and purposes of the community service provided by UUSC in organizing this project, I agree to participate in the workcamp; and I waive any right or cause of action arising as a result of my participation in said project from which any liability may or could accrue against UUSC, its officers, employees and directors, either individually or collectively. Without limiting the generality of the foregoing, I agree that this waiver shall include any rights or causes of action resulting from personal injury to me or damage to my property sustained in connection with my activities for the workcamp. Therefore, I agree to assume all risks.

Initial here _____

I understand UUSC assumes no responsibility for the loss of damage to personal equipment or property brought to the workcamp by a participant or staff member.

Initial here _____

I understand participants may not smoke, use smokeless tobacco, have or use liquor or drugs, except those medications taken as prescribed for use during the time of the workcamp *and* noted in the Medical Conditions section of this form. Participants are required to adhere to UUSC workcamp regulations including no violence, threat of violence or inappropriate behavior as outlined in the enclosed Code of Conduct. If a participant's conduct is determined by the project director to be detrimental to the group or to individuals in the group, the director and/or any UUSC staff member designated by the director reserve the right of dismissal. In the case of dismissal from a workcamp, the workcamp fee is nonrefundable.

Initial here _____

I understand the participants must have working knowledge of spoken and written English.

Initial here _____

I grant permission for UUSC to use any quotations, photographs, or videotapes of me during the workcamp for promotional purposes.

Initial here _____

If any sentence, phrase, paragraph, or section of this waiver is found to be invalid or ineffective by any court of competent jurisdiction, such decision shall not affect the validity or the effectiveness of the remaining portions of this participant statement or any part thereof.

Initial here _____

I sign this form to verify that I have read the above information.

Signature of Applicant Workcamper _____ Date _____

**Return all portions of this application with full payment to UUSC / Just Works,
130 Prospect Street, Cambridge, MA 02139-1845**