



# 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 Website: www.uusc.org

## JustWorks Camp Application

<b>2006 UUSC Lakota camp</b>		Today's date: _____	
Camp dates: _____			
<b>Full legal name:</b>			
Last name	First name	Middle initial	
<b>Mailing address:</b>			
Street/P.O. Box		Apartment/Suite #	
City	State	Postal Code/Zip	Country
<b>Telephone:</b> Home _____ Work _____			
Cell _____ Fax _____ E-mail _____			
<b>Permanent address (if different from above):</b>			
Street/P.O. Box		Apartment/Suite #	
City	State	Postal Code/Zip	Country
<b>Telephone:</b> Home _____ Work _____			
Cell _____ Fax _____ E-mail _____			
<b>Personal information:</b>			
Nickname/preferred name: _____			
Date of Birth: _____			
<i>* Please Note: Applicants under 18 must have parental consent (see "Medical Permission/Waiver", page 2).</i>			
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female This information is used for housing arrangements.			

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

Date Received  
Date Entered in database  
Copy at Camp

Confirmation Packet Sent  
Check Amount and Number  
By

**Health insurance information:**

*Note: Health insurance is a requirement for camp participation.* Your name: \_\_\_\_\_

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 appropriate section below.

Applicants age 18 or older: I hereby give consent to the camp 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: \_\_\_\_\_

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 camp to secure and administer treatment including hospitalization for the camper named in this application.

Signature of custodial parent/guardian for applicants under 18 and date: \_\_\_\_\_

Printed name of custodial parent/guardian for applicants under 18: \_\_\_\_\_

**Emergency contact information:** List two individuals in your family or community whom we may contact.

Last name	First name	Relationship
<b>Telephone:</b> Home _____ Work _____ Cell _____		

Last name	First name	Relationship
<b>Telephone:</b> Home _____ Work _____ Cell _____		

**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.)

**Special dietary needs:**       Vegetarian       Vegan       Kosher       Other

If "other," please describe. \_\_\_\_\_

**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 camp fee. Please select the appropriate membership box.

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

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**Payment:** Please see the UUSC website or contact our office to find out the cost of the camp 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/JustWorks.

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 camp (hereafter referred to as UUSC, UUSC camp or camp), 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 camp; 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 camp. 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 camp 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 camp *and* noted in the Medical Conditions section of this form. Participants are required to adhere to UUSC camp 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 camp, the camp 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 camp 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 camper \_\_\_\_\_ Date \_\_\_\_\_

How did you hear about the UUSC JustWorks camp program?

- Website    Church    School    UUSC brochure    Friend    Co-worker    Family member  
 Other \_\_\_\_\_

Have you ever participated in a UUSC camp?    Yes    No      If yes, which one(s)?

\_\_\_\_\_

Are you affiliated with a UU congregation? If so, which one? \_\_\_\_\_

**Other Information:**

Please tell us why you're interested in joining the UUSC Lakota camp.

Please describe any experience you have had with anti – racist, anti – oppression work.

What experiences, if any, have you had with social justice work, particularly work that involved a culture different from your own?

Please list any limitations or reservations you might have about limited shower facilities, latrine toilets, limited access to phone and internet.

What knowledge, if any, do you have about the Native American experience and current initiatives happening in the struggle today?

Please write a brief paragraph on what role you see yourself taking in a group project – for instance, do you usually take on a leadership role, are you an extrovert or an introvert, are you comfortable sharing your thoughts with the rest of the group, etc. Are you flexible in terms of time and items on a schedule? Please also share anything about yourself that may be pertinent to this camp or you experience in it.

## JustWorks Camps' Code of Conduct

UUSC Camps are short-term projects that bring volunteers to the front lines of the social justice and human rights movement in varied settings throughout the United States. The camps provide participants an experience that promotes understanding and cultural diversity and teaches advocacy skills.

1. Participation in camp activities such as orientation, reflection, community meals, and other such group-building activities is expected. Please come prepared to share in community life.
2. This camp is an interracial, interfaith community based on the values of acceptance and understanding. Racist, sexist, homophobic or other such language or behavior will not be tolerated.
3. Foul language, inappropriate sexual behavior, and threatening or abusive actions toward self or others will not be tolerated.
4. Please be careful to weigh all of your speech and actions so that they support the camp's purpose. There will be many occasions where you will be working or eating side by side with members of the local community. Please refrain from making remarks or assumptions about local culture, politics, or individuals in a way that could be the source of misunderstanding or interpersonal conflict.
5. Youth under the age of 18 may not leave the campsite without being accompanied by an adult.
6. Smoking or the use of smokeless tobacco in undesignated public places or in places mandated by the camp staff as nonsmoking and/or the use of alcohol or drugs, including those prescribed but not declared as prescribed on the Health and Medical Form, will not be tolerated.
7. The use or possession of weapons or fireworks will not be tolerated.
8. Behavior that is, in any way, injurious to the camp, participants, or the larger community and/or brings the name of UUSC into disrepute will not be tolerated.

I agree to abide by this Code of Conduct. I understand that violation of this code can result in early dismissal from the camp, at the discretion of the project director or any UUSC staff member designated by the director. I further agree that in the event of such a dismissal, no refunds shall be issued, and any additional cost incurred (such as the cost of changing travel arrangements, etc.) shall be solely my responsibility.

Camper's Signature \_\_\_\_\_ Date \_\_\_\_\_

# Sharing Your Experience

## SHARE YOUR EDUCATION

We use our camps to educate you as activists and allow for an exchange between you and activists across the country. We would also like your communities to learn from your experiences through regional media coverage and presentations you will make. In order to do all this we ask that you do the following research before you go, and send this information to UUSC before departure.

This trip is an opportunity for you to learn and motivate others to do social justice work.

### ➤ MEDIA

1. Identify three newspapers in your town, city or state that you can send articles to upon your return from the camp.
2. Identify the section that would be best suited to place an article about your trip.
3. Identify editors and/or reporters that may be interested in your story. This can be done by reading these papers and identifying which reporter covers a particular theme.
4. Record all this information and send this back to UUSC prior to departure.
5. If you have familiarity with other mediums (i.e. television, radio, or other), please add those to the list provided.

### ➤ INTERNET/BLOG

1. All participants will be responsible for writing one entry for UUSC's blog, *Hotwire*. The blog is viewed by thousands of constituents and human rights activists, and provides an opportunity for you to share your experiences with people that are seeking to understand your point of view.

### ➤ PRESENTATIONS

1. Prior to departure, we ask that you schedule at least one presentation to give upon your return. If you plan to do a presentation for your congregation, think about doing it during coffee hour, or coordinate the best time with your social action committee. UUSC will provide you with a PowerPoint template. You can interchange your own photos.
2. Record the dates and times in addition to the contact person.
3. Upon your return, make sure you publicize it. (*Example*: Submitting to the calendar section of your local newspaper or church bulletin, telling friends, family and other local organizations that work on human rights and fair trade).

GETTING THE WORD OUT

**MEDIA INFORMATION**

Name, location and type of media: \_\_\_\_\_

Section: \_\_\_\_\_

Reporter/Editor: \_\_\_\_\_

Contact information: \_\_\_\_\_

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Name, location and type of media: \_\_\_\_\_

Section: \_\_\_\_\_

Reporter/Editor: \_\_\_\_\_

Contact information: \_\_\_\_\_

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Name, location and type of media: \_\_\_\_\_

Section: \_\_\_\_\_

Reporter/Editor: \_\_\_\_\_

Contact information: \_\_\_\_\_

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# PRESENTATION INFORMATION

**Location:**

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**Date and time:**

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**Sponsoring organization:**

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**Will you be using the PowerPoint template?**

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**Contact person:**

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**Location:**

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**Date and time:**

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**Sponsoring organization:**

---

**Will you be using the PowerPoint template?**

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**Contact person:**

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*Don't forget to put information about your presentation in the calendar section of your local newspaper, in your church bulletin, and to invite community activists in your area.*