



ALTERNATIVE SPRING BREAK 2018  
GIVE WHERE YOU LIVE  
SUNY NEW PALTZ  
APPLICATION INFORMATION

Dates of Program: - Friday, March 16<sup>th</sup> 5 p.m. through Thursday, March 22<sup>nd</sup> 5 p.m.

Application:

- **Deadline to apply: Friday, December 8<sup>th</sup> by 4 p.m.**
- Applications are available at [www.newpaltz.edu/careers](http://www.newpaltz.edu/careers)
- Please return applications to the Career Resource Center, HUM 105.
- Candidates may be contacted at the end of January to set up an interview.

Application materials required: *(Incomplete applications will not be reviewed)*

- application form (page 2)
  - medical release, photo release, and liability waiver form (page 3)
  - typed responses to application questions (see page 4)
  - copy of your unofficial transcript; available at [my.newpaltz.edu](http://my.newpaltz.edu)
  - resume outlining previous work, volunteer, and leadership experience
  - unofficial copy of co-curricular transcript (if available)
- one reference letter from a faculty member, employer, or supervisor
- OR**
- name, company, job title, and contact phone number for one reference (faculty member, employer, or supervisor)

Location of Program: Volunteering throughout the day with various organizations in the Hudson Valley. Transportation will be provided.

Housing and Transportation: Participants living in a residence hall during the spring semester will be housed on campus at no additional charge. Students living in off-campus housing will continue to live off-campus (at their own cost) and must have reliable transportation to campus during the program. Transportation for all Alternative Spring Break programming will be provided to and from campus.

Meals: The cost of all meals will be covered for the duration of the program.

Event Details: Up to 14 students (including up to 3 student mentors) will be chosen to participate through a competitive application and interview process. Open to full-time, matriculated, undergraduate students at SUNY New Paltz in good academic and judicial standing who have not previously participated in Saturdays of Service or Alternative Spring Break. By submitting this application, you give the program coordinator permission to check your judicial and academic records. A failure to uphold these standards at any time may result in discontinuation of the program. The Alternative Spring Break Program is free for students and all costs related to transportation, meals, and service materials will be covered for the duration of the program.

Hosted by:  
The Career Resource Center HUM 105 845-257-3265 [newpaltz.edu/careers](http://newpaltz.edu/careers)

Alternative Spring Break 2018

Application Form

Name \_\_\_\_\_

Preferred Name \_\_\_\_\_

Preferred Pronouns \_\_\_\_\_

New Paltz ID# N0 \_\_\_\_\_

Local Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Preferred Email \_\_\_\_\_

Class Year \_\_\_\_\_

Major \_\_\_\_\_

Hometown \_\_\_\_\_

T-shirt Size \_\_\_\_\_

Special needs or accommodations (disabilities, physical limitations, allergies, etc.)  
\_\_\_\_\_

Meal preferences or food allergies  
\_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

List any medical information that may be helpful in the event of an emergency:  
(i.e. medications, medical conditions, allergies etc.)  
\_\_\_\_\_

*By submitting this application, I give the selection committee my permission to verify my G.P.A. and disciplinary record status and to contact the reference listed in this application. I hereby affirm and declare that all information provided on this application is true and accurate.*

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Applicant's Signature

Date



March 16-22, 2018
Alternative Spring Break

MEDICAL RELEASE, PHOTORELEASE,
& LIABILITY WAIVER FORM

\*ALL PARTICIPANTS MUST RETURN THIS FORM WITH THEIR APPLICATION! \*

Voluntary - My participation in Alternative Spring Break (ASB) is voluntary. I selected the activities in which I will participate throughout the week. I will choose to participate within my physical capacities of which I am fully aware.

Assumption of Risk - I acknowledge that any and all risks associated with work during ASB are voluntarily assumed. I realize that there are several ways that I could potentially hurt myself if I am not careful or choose a task that I am not capable of doing. For example, I could: (a) receive cuts and abrasions or (b) suffer serious bodily injury, even death.

Waiver - I release the State University of New York, the College at New Paltz, the sponsors, organizers, volunteers, and site property owners (as well as all of their affiliates, directors, officers, trustees, employees, representatives, or agents) from all actions or claims or liabilities of any kind that relate to my participation in ASB even though that liability may arise out of negligence or carelessness of any such party. I understand and acknowledge that this waiver binds my heirs, administrators, executors, personal representatives, and assigns.

Hold Harmless - I hold the State University of New York, the College at New Paltz, the sponsors, organizers, volunteers, and site owners harmless and will indemnify them against all actions or claims (including reasonable attorneys' fees, judgments and costs) with respect to any injuries, death, or other damages or losses, resulting from my participation in the program.

Medical Treatment - If I am injured during ASB, it is my responsibility to inform the organizers of ASB and to seek appropriate medical care. Should I require transport to a medical facility as a result of an injury, I am financially responsible for such transportation and medical treatment costs.

Promotion - I hereby grant permission for my name, image, likeness, and voice to be used by the State University of New York at New Paltz, the Career Resource Center, any of the Co-Sponsors, and/or ASB Organizers for any legitimate purpose in any media or promotional materials now or hereinafter developed.

I UNDERSTAND AND AGREE WITH THE CONTENTS OF THIS DOCUMENT. ANY QUESTIONS I MAY HAVE HAD ABOUT THIS DOCUMENT WERE ANSWERED TO MY SATISFACTION.

Participant's Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

If under 18, parent or guardian signature \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

City, Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact Name & Phone: \_\_\_\_\_

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Application Questions

On a separate sheet of paper, please answer the following questions *in detail* and hand them in with your application. Please take your time with this section and type all of your answers.

1. What motivated you to apply for the SUNY New Paltz Alternative Spring Break program?
2. What do you hope to gain from this experience?
3. What can you contribute to this group experience?
4. What are some challenges you might face during this experience?
5. Please describe what kind of groups/teams you are/have been a part of and your role in that group.
6. Describe your extracurricular interests and involvement on-campus and off-campus.
7. Have you participated in community service/volunteerism in the past? If so: (1) list the organizations (2) would you volunteer there again? (3) why?
8. If you had one free day to do *anything* in New Paltz, what would you do and why?
9. Please share two “fun facts” about yourself.