



## Alternative Breaks Service Trip Application

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

E-mail: \_\_\_\_\_ Major/year: \_\_\_\_\_

T-shirt size (adult sizes) S    M    L    XL

Age : \_\_\_\_\_ Trip Destination: \_\_\_\_\_

Please explain why you want to be a part of this trip: (use other side if necessary)

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How will you enhance a group experience?

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How will this experience benefit you?

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What is your favorite song lyric and why?

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## Alternative Breaks Service Trip Application

Have you ever traveled outside of California or the U.S.? If so where and why?

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What is your greatest accomplishment?

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Please list two references:

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Name: \_\_\_\_\_ Contact info: \_\_\_\_\_

Please drop off your application in Jody Weseman's mailbox, in the Student Life and Leadership office, UU 217. I'm looking forward to a great service trip!

Jody Weseman

Alternative Breaks Coordinator  
Cell: (805) 835-8584  
jweseman@calpoly.edu  
Community CENTER Room 217  
Cal Poly State University



## Emergency Contact Information

**Name:** \_\_\_\_\_

Allergies: \_\_\_\_\_

Special Dietary Needs: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Date of Last Tetanus Shot: \_\_\_\_\_

The site **Requires** every participant have up to date tetanus shot

Physical Impairments: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Policy Number: \_\_\_\_\_

## In Case of Emergency Contact:

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone (Day):** \_\_\_\_\_ **Phone (Evening):** \_\_\_\_\_

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

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Phone (Day):** \_\_\_\_\_ **Phone (Evening):** \_\_\_\_\_

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

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