

PLUNGE APPLICATION

Panama Trip

Return this form with a non- refundable \$25.00 deposit to Marillac Terrace Campus Ministry office.

Make checks payable to: St. John's University

Name: _____ Age: _____

Street: _____ School year: _____

City/ State/ Zip: _____ Phone: _____

Email: _____

How did you hear about the PLUNGE?

What makes you interested in doing a PLUNGE experience?

Have you done service work in the past? If yes, what type?

What were your experiences/ feeling connected with past service experiences?

What are your expectations for the PLUNGE?

Do you speak Spanish? Advanced Moderate Beginner

Please explain:

Medical information and Emergency Information

Name allergies / Medical conditions: _____

Name any special needs or concern, i.e., diet, etc.

Person to contact in case of emergency:

Name: _____ Relation: _____

Address: _____

Phone (day): _____ (evening) _____

Health Insurance

Insurance Company: _____

Policy number: _____

Emergency Medical Treatment Authorization

With respect to my participating in the St. John's Urban Plunge Program, I, _____, hereby agree to permit St. John's University representatives to seek emergency treatment in the event of an injury or illness prior to notifying the emergency contact I have previously designated. It is further understood that the cost thereof is my responsibility.

Signature

Date

Parent / Guardian Signature if 18 or under

Date

Please include:

1 page describing why you are interested in the service plunge to Panama (you may include other past experiences and how these experiences influenced at all your faith life)