



JCCs of North America
מרכזים קהילתיים יהודיים בצפון אמריקה



Voluntourism to Agahozo-Shalom Youth Village in Rwanda

Registration Form

February 21-March 3, 2011

Complete one form per person, and send a copy of your passport with photo.

Price: \$4500 U.S. Dollars (per person based on double occupancy) including a \$500 U.S. Dollar non-refundable deposit.

Full name (exactly as it appears on your passport):

First

Middle

Last

Home Address:

Street

City

State/Province

Zip

Country

Birth Date: ____/____/____ Birth place _____

Passport Number: _____ Gender: M F

Expiration date (must be valid for six months after date of departure): ____/____/____

Citizenship: _____ Occupation: _____

Name of JCC where you are affiliated: _____

Home Phone: () _____ Work Phone: () _____

Cell Phone: () _____ Fax Number: () _____

E-mail: _____

Please write a short bio describing yourself to give us a sense of who you are and your interests.

Travel Insurance

It is required that all visitors have travel and evacuation health insurance coverage. If your health insurance does not offer evacuation coverage, you may purchase it from many companies at very reasonable rates.

One option is Travel Insurance Select - 1.800.937.1387 or www.travelinsure.com

Please provide the details of your policy below.

Traveler's Insurance Company Name/Address

(____) _____ Policy Number

Phone Policy Number

Medical Insurance

Medical Insurance Company

Phone Policy Number

Emergency contact A.

Name	Phone number	Relationship
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Emergency contact B.

Name	Phone number	Relationship
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Medical Form & Health History

Name: _____

Birth Date: ____/____/____ Sex: _____

Primary Care Physician: _____ Phone Number: _____

Chronic or recurring illness or medical conditions: _____

List all Medications(type and dosage): _____

Dietary Restrictions: _____

Please check all that apply and give approximate dates.

- | | | |
|--|---|---|
| <input type="checkbox"/> Frequent Ear Infections _____ | <input type="checkbox"/> Chicken Pox _____ | <input type="checkbox"/> Insect Stings _____ |
| <input type="checkbox"/> Heart Disease _____ | <input type="checkbox"/> Measles _____ | <input type="checkbox"/> Drug Allergies _____ |
| <input type="checkbox"/> Convulsions _____ | <input type="checkbox"/> German Measles _____ | <input type="checkbox"/> Poison Ivy, etc. _____ |
| <input type="checkbox"/> Diabetes _____ | <input type="checkbox"/> Mumps _____ | <input type="checkbox"/> Mononucleosis _____ |
| <input type="checkbox"/> Bleeding/Clotting Disorders _____ | <input type="checkbox"/> Hay Fever/Allergies _____ | <input type="checkbox"/> Asthma** _____ |
| <input type="checkbox"/> Hypertension _____ | <input type="checkbox"/> Anaphylaxis/Severe Allergic Reaction _____ | <input type="checkbox"/> Other _____ |

Immunizations

We highly recommend that you visit a doctor at least 6 weeks before coming to Rwanda in order to make sure that your vaccinations are up to date. A vaccination against Yellow Fever is required for entrance into the country and you need to have official medical documentation. In addition, we highly suggest you receive the following vaccines:

Tetanus Hepatitis Typhoid Malaria Prophylactic

Fees and Payments

Total estimated cost for this experience is \$4500 U.S. Dollars. This includes: roundtrip airfare to and from the NYC area, all meals, lodging in Rwanda in double room occupancy, group organized transportation within Rwanda during the program and any admission fees. Space is limited to 20 participants in double occupancy. A non-refundable deposit of \$500 U.S. Dollars per person is requested immediately to secure your participation. The balance is due no later than three months prior to your date of departure (November 19, 2010). See below for cancellation policy and fees. Payments can be made by check only, made payable to JCC Association. Please send your completed registration form, copy of your passport with your photo and non refundable deposit to secure your space. Participants will be accepted on a first-come, first-served basis.

Donations

Each participant needs to bring a suitcase or duffle filled with supplies/donations for the village, the specific needs for us to bring will be determined closer to the date of departure.

Passport and Visa Information*

All travelers must have a passport valid for six months from your return date.

*You are responsible for having proper documentation on your person to enter Rwanda as well as to re-enter the United States, and proper documentation to travel via a third country (if necessary) to Rwanda.

Visas are not required for American or Canadian citizens entering Rwanda for less than 90 days. If you are not a U.S. or Canadian citizen, please contact, Rachel Olstein, Director of Volunteer Services, at Agahozo-Shalom Youth Village directly (Rachel@asyv.org).

Policies

The Agahozo-Shalom Youth Village (ASYV) is operated for the maximum benefit of the children entrusted to its care. Although we are ever mindful of the needs of our volunteers and endeavor to provide for their needs, it must be expressly understood that the needs of our children come first. In order to serve the best interest of our children, staff and volunteers, ASYV has developed this statement of Personal Practices.

Multi-Media Policy

The Agahozo-Shalom Youth Village is a private community and you are not permitted to photograph, videotape, publish, display or copy, in any manner and in any medium whatsoever, any individuals at the Village or the physical property in the Village for any purpose other than for your own private, personal use. For purposes of clarity, you are not allowed to post photographs or images on an Internet blog or in any digital forum. In addition, unless you have written approval from Village management any written materials about the Village in blogs or on websites must contain the following language: This site is not affiliated with or sponsored by the Agahozo-Shalom Village and the Village has not approved, reviewed or confirmed any of the data and information provided herein.

If you wish to photograph or use an individual's name or photograph, or a photograph of the Village property, or publish materials about the Village on the Internet, you may seek permission by contacting Tamar Copeland, Executive Director of the Agahozo-Shalom Youth Village at tamar@asyv.org. Please note that the Village is not required to grant you such permissions and does not waive any claims of defamation, invasion of privacy, infringement of moral rights, rights of publicity or copyright.

Travel Affidavit

I, _____ (the "Participant"), hereby request that I be allowed to participate in the (February 21-March 3, 2011 Short-Term Service Program in Rwanda (the "Program") organized by the Agahozo-Shalom Youth Village ("ASYV") and Jewish Community Centers Association of North America ("JCC Association"), and, as part of the Program, to travel to and from the field location with others participating in the Program.

I understand that my transportation to and from Rwanda is being arranged by ASYV and JCC Association and that they will provide a chaperone for the trip. ASYV personnel will not be traveling with the group. All transportation within Rwanda will be arranged by ASYV, from arrival at Kigali Airport in Rwanda on February 22, 2011 until drop off at Kigali Airport on March 2, 2011.

Program Agreement

As a condition of my participation in the Program, I agree to and confirm the following:

I have consulted a physician who has advised me that I am in good health, do not suffer from any physical or mental ailment or disability that requires any medical or surgical care or treatment, or that would make travel and/or participation in the Program hazardous, unwise, unwarranted or a potential source of danger to me or to others who may travel with or participate in the Program. The health history above is true and complete to the best of my knowledge. I agree that if any significant change concerning my health and medical condition should occur prior to my departure for the Program, I will inform ASYV and JCC Association.

I understand that I am responsible for obtaining all required immunizations as well as arrangements for travel insurance valid from the date of departure until the date of the return, with coverage for emergency evacuation. I understand and agree that ASYV and JCC Association are not responsible for any medical care or hospitalization incurred prior to, during my trip or after my return to the United States.

I understand that ASYV and JCC Association have excellent safety records. I also understand and accept the fact that service work, travel, and living in remote locations involve risks. These risks include but are not limited to: diarrhea and bacteria associated with an unfamiliar diet; the risks of air, foot and motor travel; personal property loss by petty theft or damage and the unlikely event of strikes, civil unrest, war, terrorist activity, weather, or other possibly dangerous conditions beyond the control of ASYV and JCC Association. Furthermore, there are physical activities in this program that may involve risk of personal injury. I understand the nature of this program and its activities and voluntarily accept these risks, and waive claims I may now and in the future have against ASYV or JCC Association from all liability and covenant.

I have read, understand and agree to be bound by the terms, policies and all rules and regulations of the Program. I am aware that these may be changed at any time and that ASYV and JCC Association will notify me in the event of any significant material modifications to any policies. I acknowledge that my continued participation in the Program will be considered an acceptance of any such modifications. I understand that failure to abide by any of these rules and regulations may result in immediate dismissal from the Program and that I will be responsible for all related expenses.

In case of medical or surgical emergency, ASYV and JCC Association will make every effort to reach my emergency contact and to discuss all potential options before any action is taken. In the event that the emergency contacts can not be reached, I hereby make ASYV my attorney-in-fact to select the medical professional to treat me. I hereby agree that such medical professional may hospitalize or otherwise secure proper treatment for me and may order injection, anesthesia, or surgery for me. I authorize the staff to use non-prescription medicine in the event of minor injuries and/or ailments.

I give permission to ASYV and JCC Association to use my picture and images derived from my activities during the program, and I agree that any photographs/videotapes taken by ASYV or JCC Association that include me or my statements may be used in promoting ASYV or JCC Association.

I agree that the Indemnified Parties will not be liable for any action taken or omitted to be taken by an Indemnified Party in connection with or in any way related to my service as a volunteer.

Release:

I agree to release ASYV and JCC Association, their staff, officers, Trustees, Directors, employees, agents or representatives, and any physicians, sponsors or participants in the Program (with each of such persons collectively referred together hereinafter as "Indemnified Parties") of any and all liability, and hereby waive all claims and responsibility for any loss/damage to property, personal injury incurred during the program and any damages, liabilities, or actions (including, without limitation, any loss, claims, charges, liabilities, or actions arising out of the negligence or alleged negligence of "Indemnified Parties") in any way arising out of, connected with, or attributable to my service as a volunteer or participant in the Program (including, without limitation, any inoculations, general medical treatment, or emergency medical treatment rendered to me in the event of need).

Participant's Signature

Date

Print Name

Mountain Gorilla Add On

You can make arrangements for an add on to your voluntourism experience at ASYV to visit the mountain gorillas in Rwanda. Here is a sample itinerary, for more information, contact either Cippi Harte at cippi@jcca.org or Rachel Olstein Rachel@asyv.org.

Day 1

You will be picked up from a place of your choice by representative of Thousand Hills.

Expeditions and take your two hour leisurely drive north to Ruhengeri.

Dinner and overnight at Mountain Gorilla View lodge.

Day 2

Take an early breakfast and then drive to the park offices.

0700hrs at the park offices, you will be allocated a gorilla group followed by a briefing by your trackers/guides for the group you have been allocated .

After your briefing drive to where the trails start. This is where your track begins.

Upon sighting the gorillas, you will stay with them for a magical hour before returning to the base where your driver will be waiting for you.

Lunch at Mountain Gorilla View lodge.

Drive back to Kigali drop off at a place of choice.

Approximate cost: \$995.00 U.S. Dollars per person.



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Discover the world of Jewish travel!

Visit www.DiscoverJCC.com/travel

Or contact Cippi Harte at pcharte@jcca.org tel: 212.786.5130