



# Application 2008

- Male
- Female

FIRST (as appears on birth certificate) MI LAST (as appears on birth certificate)

PREFERRED NAME

DATE OF BIRTH PARTICIPANT'S EMAIL ADDRESS

HOME ADDRESS

CURRENT GRADE NAME OF SCHOOL

ADDRESS OF SCHOOL

PARENTS' HOME PHONE PARENTS' EMAIL ADDRESS

MOTHER'S NAME OCCUPATION

BUSINESS PHONE FAX

FATHER'S NAME OCCUPATION

BUSINESS PHONE FAX

IF PARENTS DO NOT LIVE TOGETHER, WITH WHOM DOES APPLICANT LIVE?

NAME AND ADDRESS OF NON-CUSTODIAL PARENT

TO WHOM SHOULD WE BILL TUITION?

HOW DID YOU HEAR ABOUT VISIONS? (SCHOOL, FRIEND, CONSULTANT, OTHER. IF OTHER THAN YOUR SCHOOL, PLEASE PROVIDE THE NAME/S OF THE INDIVIDUAL OR OTHER SOURCE OF REFERRAL.)

HAVE YOU DONE OTHER SERVICE WORK? PLEASE NOTE BRIEFLY.

## Mail signed Enrollment Agreement, Application and Tuition Deposit to:

VISIONS  
100 North Second Street  
P.O. Box 220  
Newport, PA 17074

### ANY QUESTIONS?

Telephone: (800) 813.9283  
Fax: (717) 567.7853  
E-Mail: info@VisionsServiceAdventures.com  
Web: www.VisionsServiceAdventures.com

## Please check box of the program you wish to attend.

### JUNE 30 - JULY 27 (4 weeks)

- Alaska \$ 4,400
- Montana \$ 4,250
- Mississippi \$ 4,200
- Dominican Republic \$ 4,400
- British Virgin Islands \$ 4,325
- Guadeloupe \$ 4,635
- Costa Rica \$ 4,325
- Nicaragua\* \$ 4,400
- Peru (Sacred Valley) \$ 4,400
- Ecuador\* \$ 4,850

### JULY 14 - AUGUST 10 (4 weeks)

- Dominica \$ 4,400

### JULY 3 - AUGUST 7 (5 weeks)

- Viet Nam\* \$ 5,250

### AUGUST 4 - AUGUST 23 (3 weeks)

- Montana \$ 3,200
- Dominican Republic \$ 3,500
- British Virgin Islands \$ 3,400
- Peru (Sacred Valley) \$ 3,500

Tuition does not include roundtrip airfare from U.S. departure city. Ecuador fee includes roundtrip airfare Quito to Galapagos.

\*Must be at least 16 years old to attend.

Valid PASSPORT required for ALL programs

**Special Note:** Passports for Ecuador, Nicaragua, Peru and Viet Nam participants must be valid **six months after the departure date from these countries.**

**It is our wish to meet personally as many participants as possible. Please call us if you would like to schedule an evening or weekend home appointment with a VISIONS representative for an in-depth presentation about our programs, (800) 813-9283.**

# Enrollment Agreement 2008

## Participant Contract

I have read the VISIONS brochure, have read all and/or agree to read all other materials sent to and received by me about VISIONS and the program for which I am applying, and feel informed. **I have read the entire Parent/Guardian Agreement on this page, and, in the 2008 season brochure or online, I have read Questions and Answers, and Noteworthy Information which includes the Terms of Participation set forth, and I understand and agree to abide by these.** I understand VISIONS mission and that I will be asked to put the group's needs ahead of my own during the program. I understand that by participating in the program, I am an ambassador for VISIONS and will seek to build friendships, uphold an ethic of service, generosity and good will in myself and others throughout the program. I assume responsibility to contribute positively to my peer group and my program community and will take active interest in getting to know all group members and our local hosts. I understand that VISIONS is first and foremost a commitment to service work. I willingly agree to assume responsibility for my conduct, to participate with a positive attitude and to do my part to create / make a productive experience.

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Participant Signature – Legal name as appears on birth certificate

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Date

## Parent/Guardian Agreement

Permission is granted to the staff of VISIONS to act as kind and judicious parents for the period of the program. My child may participate in any trips and activities organized by the VISIONS staff; may travel via public carrier or in vehicles operated by VISIONS. Permission is granted to VISIONS/assigns to hospitalize/treat/order injections/anesthesia/surgery for my child. I authorize the staff to use non-prescription medicine in the event of minor injuries and/or ailments.

I understand that VISIONS has an excellent safety record. I also understand and accept the fact that service work, travel, and living in remote locations in the U.S. and overseas involve risks. These risks include but are not limited to: strikes, civil unrest, war, terrorist activity, weather, or other possibly dangerous conditions beyond the control of VISIONS; diarrhea and bacteria associated with an unfamiliar diet; the risks of air, foot and motor travel; personal property loss by petty theft or damage. Furthermore, there are recreation/adventure and other physical activities in VISIONS that 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 VISIONS from all liability and covenant.

Students may not use, pursue use of or possess tobacco products, alcohol, illegal drugs/substances. Exclusivity, sexual activity, intimate involvement with other participants is not allowed. Abusive, violent, unsafe behavior, theft, vandalism, chronic defiance of program policies and established rules or ongoing profanity or other pervasive negativity will not be tolerated. Violation of these guidelines for participation will result in dismissal at the sole discretion of VISIONS without rebate and with additional travel expenses charged to and paid for by parent/guardian. In the event of such dismissal, the parent/guardian is responsible for making the timely / immediate changes in airline reservations. Students who are dismissed from the program for any of the aforementioned reasons will not receive community service credits. Directions and policies set forth by staff for the safety, health and well being of all participants, and of our host community, will be followed at all times.

I give permission to VISIONS to use my child's picture and images derived from his/her activities during the program, and I agree that any photographs/videotapes taken by VISIONS that include the participant / statements by the participant may be used in promoting VISIONS.

I have read and agree with the Terms of Participation and Noteworthy Information. I agree to release VISIONS, its agents and adventure services of any and all liability, waiver of all possible claims, and responsibility for any loss/damage to property or personal injury incurred during the program under the direction of VISIONS, in which my son/daughter/ward is participating. [Notwithstanding, jurisdiction for legal action will be in Dauphin County, PA, in accordance with the laws of Pennsylvania.]

I have read and agree to all of the Terms and Conditions of both this Enrollment Agreement and Noteworthy Information. Enclosed with this agreement is a \$600 deposit, half of which is refundable prior to March 15 and non-refundable thereafter. The balance of tuition is due April 1, 2008. This is the entire agreement and may be modified only in writing and signed by all parties.

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Parent/Guardian's Name (Please print.)

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Signature

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Date

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Business Phone

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Home Phone

## Noteworthy Information

### Application Procedure

To apply, complete the Application, the Parent/Guardian Agreement and the Participant Contract with required signatures and dates. Send to VISIONS with a deposit of \$600. Applications are accepted on a rolling basis and subject to space availability. VISIONS reserves the right to refuse and/or rescind acceptance to a student at VISIONS's sole discretion who we believe is unsuitable for our programs for health, physical ability or reasons of behavioral history, or who subjects the program to any risk of harm or disrespect. Failure to disclose fully any information regarding the participant that results in an inappropriate placement in a VISIONS program is cause for dismissal without refund.

After acceptance, all participants receive in early spring specific program and health information, travel details, a packing list, medical and health insurance forms, and general liability releases for activities. If the participant is not a U.S. citizen, it is the participant / parent / guardian's sole responsibility to obtain, in advance, any visas and other documents required to enter an overseas program and to re-enter the United States.

### Tuition

The \$600 deposit includes a \$300 non-refundable processing fee. The remaining \$300 is refundable in full until March 15 and non-refundable thereafter. Tuition balance is due April 1, 2008. Applications received after April 1 should include tuition payment in full. Tuition does not include airfare, personal spending money (we recommend \$40-\$50 per week), ferry fees or departure tax at some locations. We provide a packing list of clothing and equipment for each program. It is the responsibility of the participant to come properly equipped with appropriate clothing and gear. For your convenience, VISIONS sells or rents some of the items on the packing list. VISIONS's insurance does not cover and VISIONS is not responsible for theft or loss of personal property or equipment of participants.

### Rebates, Withdrawals, Trip Cancellation Insurance

The seasonal nature of summer programming precludes rebate of tuition fees for cancellation after March 15, or for late arrival or early withdrawal. Our costs are determined on a group basis, not a per-student/per-day basis. Should a participant have to withdraw due to a medical emergency, injury or other crisis, refunds, if any, are minimal and made at the sole discretion of VISIONS.

Therefore, we strongly recommend purchase of tuition protection coverage. VISIONS offers a tuition protection plan for medical conditions or family emergencies only. You can also purchase trip cancellation insurance through an insurance carrier.

### Program Alterations

It is VISIONS's intention to conduct programs and projects at sites described in the brochure. Project activities or sites may be altered due to any act of God, including weather or other condition affecting the safety of participants, cultural sensitivities, and circumstances beyond VISIONS's control. When possible, families will be notified in advance of such changes. In all cases we will substitute in good faith with something comparable. If a program is cancelled by VISIONS for any reason prior to its starting date, VISIONS will place the applicant on another program of his/her choice depending on space availability or will refund full tuition paid by parent/guardian. VISIONS is not responsible for other costs incurred by participants preparing for a trip that has been cancelled.

### Terms of Participation - Conduct

Participants may not use, pursue the use of or possess tobacco products, alcohol, illegal drugs/substances nor abuse over-the-counter drugs. Exclusivity, sexual activity, intimate involvement with other participants is not allowed due to the emotional impact upon individuals and on the dynamic of the entire group. Program policies are established with safety, health and welfare, common sense, and local laws in mind. Chronic defiance of rules and procedures set forth, disrespectful, abusive, unsafe or illegal conduct and on-going profanity will not be tolerated. We reserve the right to remove participants from the program who VISIONS ascertains have violated the conditions for participation or whose behaviors are counterproductive to community-building, offensive to or disrespectful of our host community or otherwise detrimental to maintaining standards or successful operation of the program. Participants who are dismissed for cause will be flown home at the expense of parent/guardian who will be responsible for making the timely changes in airline reservations. No tuition or other fees will be reimbursed and any additional costs incurred by VISIONS will be charged to and paid for by parent/guardian.

### Safety and Health Information

Safety is our premier consideration, and we are proud of our exceptional safety record. There are risks inherent to

programs of this nature, both foreseeable and unforeseeable. Participants and their families must understand the nature of our programs and accept the risks involved. These risks include but are not limited to: the risks of air, foot and motor travel; unfamiliar diet and diarrhea; civil unrest, war, terrorist activity. It is imperative that students follow the rules, policies and protocols established by VISIONS and any adventure services contracted by VISIONS. Any disability arising during the program must and will be examined and verified by a physician of VISIONS choosing. Certain adventure activities require additional liability releases signed by parent/guardian and will be included in the spring mailing. All participants must have health insurance coverage, valid passports, and, in some locations, emergency evacuation insurance. Participants will receive health insurance and medical forms to be completed and signed by a physician and parent/guardian.

### Transportation

VISIONS organizes group flights on scheduled carriers, NOT charter flights. Our travel agent reserves group seating. Families are free to make their own travel arrangements but must confirm itineraries first with VISIONS before final booking. Our leaders will always greet alternative flights at the program site. VISIONS has no control over the airlines and is not responsible for cancellations or other disruptions in air travel to/from our sites. Complete travel information is provided in the spring mailing or sooner upon request. Extra transportation expenses for some overseas programs may include exit taxes or ferry fees. **Neither VISIONS staff nor representatives fly with students on the group flights, nor will a VISIONS representative be present at the destination airports to greet return flights at the end of the programs.**

### Communication

After greeting all flights on the day of arrival, VISIONS leaders ask participants to call home and provide blocks of phone times. All home bases have telephones for business, messages or emergency calls only, and are not for regular use by participants. We discourage calls home on more than a once-a-week basis. VISIONS's headquarters can be reached 24 hours a day. Messages may be left at the program site. *Participants may carry cell phones only on flight days to/from their programs. Staff will collect phones upon arrival to be returned to participants on departure day.*

### Food

Menus on all programs are comprised of meat and non-meat dishes, pasta, vegetables, fruits, and other fresh foods. Food is nutritionally balanced and plentiful. We practice strict health protocols, especially in the choice and preparation of foods at all of our overseas sites.

The concept of highly specialized vegetarianism does not translate well to some program sites. Participants with exceptional diets or dietary restrictions should let us know well in advance of the program so that we can plan with the parent/guardian to accommodate these needs.

### Community Service Credits

All participants who *complete* a VISIONS program successfully receive a Certificate of Service recognizing between 65 – 95 hours and detailing the projects accomplished.

### Financial Aid

VISIONS offers a limited number of partial and full scholarships to attend our programs, based on need and demonstrated initiative. Let us know as early as possible if you want to apply for financial assistance.