

# Tufts Alumni

## Voluntourism to Agahozo-Shalom Youth Village Rwanda with Tufts Alumni

### REGISTRATION FORM

April 12 – May 15, 2010

Complete one form per person, and send a copy of your passport with photo to the following address:

Agahozo-Shalom Youth Village Trip  
c/o Gretchen Dobson  
80 George Street, Suite 100-3  
Medford, MA 02155

**Price:** \$1,500.00 (per person based on double occupancy), \$500.00 non-refundable deposit

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

\_\_\_\_\_  
First Middle Last

Home address:

\_\_\_\_\_  
Street City State/Providence 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: \_\_\_\_\_

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.**

\_\_\_\_\_  
\_\_\_\_\_

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**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](http://www.travelinsure.com)  
Please provide the details of your policy below.

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Traveler’s Insurance Company Name/Address

(\_\_\_\_\_) \_\_\_\_\_  
Phone Policy Number

**MEDICAL INSURANCE**

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Medical Insurance Company

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Phone Policy Number

**Emergency contact A.**

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Name	Phone number	Relationship
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**Emergency contact B.**

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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			

<b>Please check all that apply and give approximate dates.</b>		
<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** _____

List all Medications(type and dosage)	
Dietary restrictions	

<input type="checkbox"/> Hypertension _____	<input type="checkbox"/> Anaphylaxis/Severe Allergic Reaction _____	<input type="checkbox"/> Other _____
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### 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 cost for this experience is \$1500. This does not include RT Airfare to and from Kigali and personal expenses during the trip. Space is limited to 20 participants in double occupancy. A non-refundable deposit of \$500 per person is requested immediately to secure your participation. The balance of \$1000.00 is July 15, 2010. Payments can be made by check (made payable to Trustees of Tufts College) or credit card (Visa or Mastercard). 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. **PLEASE COMPLETE THE LAST PAGE OF THIS APPLICATION WITH YOUR PAYMENT INFORMATION.**

## 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<sup>1</sup> 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 (August 30 – September 8, 2010) Short-Term Service Program in Rwanda (the "Program") organized by the Agahozo-Shalom Youth Village ("ASYV") and the Tufts University Office of Alumni Relations ("Office of Alumni Relations"), and, as part of the Program, to travel to and from the field location with others participating in the Program.

I understand that I am responsible for arranging my transportation to and from Rwanda. All transportation within Rwanda will be arranged by ASYV, from arrival at Kigali Airport in Rwanda on August 31, 2010 until drop off at Kigali Airport on September 8, 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

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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 the Office of Alumni Relations.

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 the Office of Alumni Relations 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 has 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. 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 the Office of Alumni Relations 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 the Office of Alumni Relations 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 the Office of Alumni Relations 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 the Office of Alumni Relations to use my picture and images derived from my activities during the program, and I agree that any photographs/videotapes taken by ASYV or the Office of Alumni Relations that include me or my statements may be used in promoting ASYV or the Office of Alumni Relations.

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 the Office of Alumni Relations, 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

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Non-refundable deposit of \$500.00 holds your space.  
Please enclose or complete payment method and information:

Check: \_\_\_\_\_ (Check #)

Credit Card (VS/MC)

\_\_\_\_\_ (Credit Card #)

\_\_\_\_\_ (Name as it appears on card)

\_\_\_\_\_ ( expiration date)