JCG CULTURAL IMMERSION COURSES AND TRIPS
SPRING 2015

JCG 390/RPS 590 (3 credits)
JCG 390S-Service Learning (1 credit)

Appalachian Culture & Spirituality
March 8-13, 2015 (Spring Break)
Location: Eastern KY
Host: Christian Appalachian Project
Faculty: John Trokan, D.Min & Dave Scharfenberger MSW.
Travel, Food, & Lodging Fee: $160.00
Meeting Dates: 2/18, 2/25, 3/4, 3/18, 3/25
Meeting Times: 6:30-9:20 pm

JCG 391/RPS 591 (3 credits)

Cherokee Culture & Spirituality
March 8-13, 2015 (Spring Break)
Location: Cherokee, North Carolina
Host: Retreat Center
Faculty: Marge Kloos, D.Min & Velma Dailey MA.
Travel, Food, & Lodging Fee: $550.00
Meeting Dates: TBD
Meeting Times: 4:00-6:20 pm

Both courses satisfy IDS requirements in old CORE, and Justice and the Common Good JCG in new CORE.

Note: Log onto http://www.msj.edu/academics/academic-opportunities/travel-study/cultural-immersion/ for detailed course info, syllabi, application materials, and medical forms. Dates & Details subject to change!

Each course will be conducted on site with three pre-trip classes and two post-trip classes. Course work is for three credit hours and can be taken for additional plus-one service learning credit for undergrad students. Each Immersion course has a pre-assignment.

Apply & Register EARLY for Immersion courses. Space is Limited to ten students!

----------------------------------------  Detach here

I am interested in more information on the 2015 Spring course options. Please send me more information and invite me to a future orientation session.

Name: ________________________________  Student ID #: __________________
Home Address: ________________________  Home Phone #: __________________
City: _________________________________  State: ______________  Zip Code: __________________
E-mail Address: ________________________
Dorm Mailbox #: ________________________  Dorm Phone #: ________________________
Year: ____________________ (freshman, sophomore, junior, senior)  Major: ________________________
I am interested in:  Appalachia: _____  Cherokee: _____
IMMERSION TRIP DESCRIPTIONS

APPALACHIA
The Appalachia six-day immersion trip affords students the opportunity to experience mountain culture and spirituality in the hills of Eastern Kentucky through interaction with an Appalachian family. Students will also experience the richness of mountain life through Appalachian educators, artisans and leaders.

Host Site: The Christian Appalachian Project’s Spring Break Workfest organizes a week of home repair in Eastern Kentucky. This region of ‘Appalachia’ is comprised of some of the poorest counties in the U.S. The greatest identified need in these counties is improved and sustainable housing.

Transportation: Mount St. Joseph van (drivers have completed van safety training with MSJ campus police). The host site location is generally a three-hour drive time from the Mount. In addition, students will travel approximately 1½ to 2 hours (total) each day in transit to the work site on hilly mountain roads.

Lodging: Students will live in community, dormitory style, in a camp or community center near the county they are working in. Lodging will be shared with students from eight other colleges from around the country. Students will assist with food preparation on a rotating basis.

Activities: Students will interact with Appalachian Mountain families each day, and participate in cultural, musical, artistic, historical and spiritual presentations each evening. Daytime activity will be on-site home repair work with the Appalachian family. Prior home repair skills are not required.

Health Care Facilities: First aid treatment is available on site. Medical care and emergency treatment is available in the closest major city, generally a one-hour drive.

Climate: Weather conditions in early March in Kentucky are quite variable. Students should pack for winter and spring weather conditions and outdoor activity.

For more information, contact your Instructor: John Trokan, (513) 244-4272 (E-mail: john.trokan@msj.edu)

CHEROKEE
The Cherokee of North Carolina will introduce students to their rich and tragic history of our Cherokee hosts.

Hosts: The Cherokee people themselves host us. Mr. Freeman Owle, Mr. Lloyd Owle, Mr. Garfield Long, the Methodist Church community and various other social service agency reps. will make arrangements for us to participate in lectures, service projects, and informal interaction with the Cherokee people. One afternoon, Drs. Clifton and Kloos will lead a study of the local ecology (bring boots or well-fortified shoes for hiking).

Accommodations: We will stay at Living Waters Retreat Center, a Catholic renewal center nestled in the little town of Magee Valley, in the heart of the great Smokie Mountains. The Center accommodations include semi-private rooms and baths, a wonderful dining room where all but two meals will be served to the group and several large gathering rooms for our evening class sessions. We will travel daily between the Magee Valley and Cherokee, 19 miles away, in Mount vans (about a 30 minute ride).

Transportation: Students will travel together in Mount vans. Drivers have completed van safety training with the MSJ campus police. The travel time between Cincinnati and Magee Valley is approximately 7 hours, with a lunch break and several bathroom breaks.

Health Care Facilities: Medical facilities are available for minor emergencies (broken bones, stitches etc.) in Cherokee and Magee Valley. For major medical emergencies, the closest facilities are 40 miles east of Magee Valley in Asheville, NC or Fort Sanders/Sevier Medical Center in Sevierville, TN, which is about an hour drive from Magee Valley. Rangers and emergency personnel are specially trained to assist with any hiking related injuries and the park has three medical sites.

Climate: It is usually very cold and snowy on one day, turning quite warm and in the low to mid 70’s another day. One year we were treated to a mountain blizzard, while this past year we experienced late spring, early summer temps. Best to check the weather channel or the Internet before departing to know how to pack!

For more information, contact your Instructor: Marge Kloos, (513) 244-4245(E-mail: marge.kloos@msj.edu)
2015 Application Form

Today’s Date ____________________

Name______________________________________________________________________________
 Last                                                            First                                          Initial
Dorm Mailbox# _____________ Dorm Room #_______________ Student ID #__________________
Dorm Phone_______________ Work Phone______________ Home Phone_________________
Home Address: _______________________________________________________________________
City__________________________________ State _____________ Zip Code____________________
Citizen of__________________________ Social Security #___________________________________(Country)
Date of Birth_________________________ City/State of Birth __________________________________

OPTIONAL:
Sex (M or F) ___________ Age ___________ Race ______________________________
Religion_________________________ Married (Y or N) _________ Parent (Y or N)___________
E-mail address ________________________________________________________________

I am currently a:    __________ Graduate Student         __________ Undergraduate Student

Major_____________________________________  Minor_________________________________

Please pay close attention to trip/class dates. I am interested in participating in:

Spring Break
  _____Appalachia, KY   JCG 390/RPS 590 Appalachia Culture & Spirituality (Trip Fee $160.00)
  (Trip Dates: March 8-13, 2015; Class Dates: 2/18, 2/25, 3/4, 3/18, 3/25; Class Time 6:30 – 9:20 p.m.)
  _____Cherokee Nation, Cherokee, NC   JCG 391/RPS 591 Cherokee Culture & Spirituality (Trip Fee $550.00)
  (Trip Dates: March 8-13, 2015; Class Dates: TBD; Class Time 4:00 – 6:20 p.m.)

Continued on next page
I will participate in the course for credit: _____IDS _____RPS/GRADUATE

I have taken a 100 Level Religion course: _____Yes _____No
I have taken a 100 Level Sociology course: _____Yes _____No
I have previous experience in immersion experiences: _____Yes _____No
If yes, explain:
________________________________________________________________________________________
________________________________________________________________________________________

I am interested in Sister of Charity travel scholarship: _____Yes _____No
I am interested in a RPS Department travel scholarship: _____Yes _____No
I will take this course for Service Learning Credit: _____Yes _____No
I have special dietary concerns: _____Yes _____No
If yes, explain dietary concerns: ____________________________________________________________
________________________________________________________________________________________

Place of Employment: _____________________________ Position: _____________________________

Note: The course fee for this course will be added to your student account upon registration. Registration for an Immersion course also requires the submission of the enclosed medical forms signed by your physician or the college physician 30 days prior to departure for the course trip. Failure to supply the required medical information will disqualify students from consideration for course participation. Please note the college reserves the right to deny registration due to current or chronic medical conditions that present risk factors in poverty settings with limited health care facilities/emergency care, in the interest of the safety of all student participants.

Also note that course trips are limited to a certain number of students due to transportation and housing constraints. Please apply early to help ensure your choice(s).

All travel expenses must be accounted for 30 days prior to trip departure.

THE STUDENTS WHO ARE PARTICIPATING IN THE IMMERSION COURSES OR TRAVEL EXPERIENCES AND MAY NEED, OR WHO BELIEVE THAT THEY WILL NEED, ANY ACADEMIC ADJUSTMENTS, AUXILIARY AIDS, OR OTHER ACCOMMODATIONS BECAUSE OF A FUNCTIONAL LIMITATION DUE TO A DOCUMENTED DISABILITY, SHOULD APPROACH THE INSTRUCTOR WITH THIS MATTER. THEY SHOULD ALSO VISIT THE ACADEMIC PERFORMANCE CENTER AND PRESENT DOCUMENTATION OF THEIR DISABILITY.
THEOLOGY & ANTHROPOLOGY IMMERSION COURSES

MEDICAL HISTORY FORM*

2014-15

NAME__________________________________________________________
Last                                               First

ADDRESS__________________________________________________________________________________________
Street                                              City                                     State                  Zip

DATE OF BIRTH ______/_____/______ CLASS (circle) FR SO JR SR
Mo      Day    Yr

FAMILY HISTORY (SIBLINGS, PARENTS, GRANDPARENT)

___ HEART DISEASE   ___ STROKE   ___ CANCER
___ DIABETES   ___ KIDNEY DISEASE   ___ THYROID DISEASE
___ ASTHMA   ___ EPILEPSY   ___ ALLERGIES (specify) ______________________
___ HIGH BLOOD PRESSURE

CHRONIC MEDICAL CONDITIONS – Check all that apply:  
Date of onset

___ ASTHMA
___ DIABETES
___ SEIZURES
___ HEART DISEASE
___ HIGH BLOOD PRESSURE
___ CANCER
___ KIDNEY DISEASE
___ DEPRESSION
___ MIGRAINES
___ HEMOPHELIA

SURGERY (Date):

SERIOUS INJURIES:

MEDICATIONS & CURRENT DOSAGE:

The above named student had a complete physical examination on ____________ and ___ “does” _____ “does not” have any restrictions. List restrictions below:

*Note: Completed medical form, signed by personal physician or college physician must be submitted 30 days prior to Immersion trip.

Continued on next page
IMMUNIZATION RECORD

TO BE COMPLETED AND SIGNED BY YOUR HEALTH CARE PROVIDER

NAME______________________________________________

A. M.M.R. (Measles, Mumps, Rubella)
   Dose 1 given at 12-15 months of age or later   mo/yr ____/____
   Dose 2 given at age 4-6 or later               mo/yr ____/____

B. Polio
   1. Completed primary series of polio immunizations:   Yes_____   No_____   date of last booster ____/____
   2. Type of vaccine:     Oral (OPV)____   Injected (IPV) _____   IPV/OPV Sequential ______

C. Varisella (Chickenpox)
   1. History of Disease   Yes _____   No _____   Vaccinated   ____/____   ____/____

D. Tetanus-Diptheria
   1. Tetanus-Diptheria booster must be within the last 10 years mo/yr ____/____

E. Hepatitis B
   1. Immunized with 3 injection series (mo/yr):
      Injection #1 ____/____   Injection #2 ____/____   Injection #3 ____/____
   2. Hepatitis B surface antigen antibody ____/____   Reactive_____   Nonreactive______

F. Tuberculosis (PPD required regardless of prior BCG inoculation. 2 step required for nursing and physical therapy majors; annual only for all other majors)
   1. PPD (Mantoux) within the past 12 mo. (tine or momovac not acceptable)
      Step 1: Date given ____/____   Date read ____/____   Result Neg _____   Pos_____ mm induration
             Day 1                      Day 3
      Step 2: Date given ____/____   Date read ____/____   Result Neg _____   Pos_____ mm induration
             Day 15                    Day 17
      Annual: Date given ____/____   Date read ____/____   Result Neg _____   Poss _____ mm induration
      2. If greater than 5mm induration, chest x-ray required. X-ray result:  Normal _____   Abnormal _____

G. Meningococcal (one dose--preferably at entry into college for freshmen living in dormitories or residence halls who wish to reduce their risk of meningococcal disease. Any undergraduate less than 25 years who wishes to reduce their risk of disease can consider the vaccine)
   mo/yr ____/____

H. Influenza (Annual immunization recommended to avoid disruption to academic activities.)   mo/yr ____/____

Health Care Provider:
Name ________________________________________    Address ________________________________________
Signature ______________________________________   Phone (______)____________________

28
ASSUMPTION OF RISK, RELEASE OF LIABILITY, LIMITED MEDICAL AUTHORIZATION, AGREEMENT TO CODE OF CONDUCT

Sponsoring Organization/Department: _______________________________________
Program attending and location: ___________________________________________
Date(s) of Program attending: ___________________________________________

Assumption of Risk and Release of Liability: I recognize that participation in an international and/or immersion educational program entails certain risks to my property and person that, in rare circumstances, can be serious or even fatal. I freely assume those risks. I, for myself, my executors, administrators, heirs and assigns, waive any and all claims, rights, demands, causes of action and/or lawsuits against the Mount St. Joseph University or its officers, faculty, staff, sponsors, students, employees, board and agents, both domestic and overseas, as well as their heirs or their estates (hereinafter, “MSJ”) of any kind for death, injury, loss, damage, accident, delay, irregularity, financial obligation or expense now existing or which may arise out of or be incurred in connection with my participation in the above-named program, including, without limitation, any related travel, circumstances or activities. Further, I agree that any claim I may bring shall be governed by the laws of the State of Ohio and shall be pursued only in the appropriate court of administrative agency within the State of Ohio. I understand that it is my responsibility to obtain medical insurance coverage before traveling overseas through my healthcare provider and, if requested, to provide evidence of such coverage to MSJ. I understand that it is my responsibility to understand the limitations of this coverage. I further acknowledge that I am free to purchase additional medical insurance if I so choose, and recognize that MSJ is not responsible for any uninsured loss.

Medical Emergency: In the event of an emergency in the view of the program faculty and/or University representative, I authorize the faculty of the program and/or University representative to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the faculty and/or University representative. Further, I acknowledge and agree that neither this document, nor any actions taken by MSJ or its program faculty or representative, creates any special duty on the part of MSJ whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

Code of Conduct: I hereby agree that I will be subject to the supervision and authority of the faculty members and/or agent(s) in charge; that the standards of conduct will be stipulated by the faculty members and/or agent(s) that I will meet; and that I will display maturity and responsibility as a representative of MSJ. I agree not to engage in potentially dangerous behavior, illegal activity, or activity that violates any MSJ policy, rule or regulation while participating in this program and/or its related activities. I also understand and agree that the faculty members and/or agent(s) in charge have the sole authority to make decisions regarding my continued participation in the program and any disciplinary action they deem warranted.

I acknowledge that I have completed the application process for this experience and that I have already incurred expenses that are non-refundable, including, but not limited to, airfare. Further, I have read and understand the procedures for admissions, registration, payment of fees, and all other applicable MSJ regulations, and will provide upon request information (including a health care provider’s statement) about any medical problems I have that might affect my ability to fully participate in all course activities.

I have carefully read the Assumption of Risk, Release of Liability, Limited Medical Authorization, Agreement to Code of Conduct (“Release”), have had time to fully consider it and consult with an attorney if desired, and understand its provisions. In consideration of my being permitted to participate in this MSJ program and for other valuable consideration, I hereby agree to this Release of my own free will.

__________________________________ __________________________
Signature of Applicant Date continued on next page
If the applicant is under the age of majority at the time he or she is making this application, his or her parent or legal guardian must review and sign in the space indicated below.

I certify that I am the parent or legal guardian of (Name of Student) ____________________ who has applied for participation in the above-named program. I have carefully read the Release set forth above, have had time to fully consider it and consult with an attorney if desired, and I understand its provisions. In consideration of (Name of Student) ____________________ being permitted to participate in the program, I accept and agree to be bound by the provisions of the Release of my own free will on my own behalf and on the behalf of (Name of Student) _____________________.

__________________________________________  _____________________
Name of Parent or Guardian                      Date
MEDICAL TREATMENT CONSENT FORM

I, (the student) _________________________________, OR, I (the undersigned parent/legal guardian of student under 18) _________________________________, authorize the employee(s) or agent(s) of the Mount St. Joseph University to contact the person(s) named on this form directly, and do authorize physicians to render such treatment as they may consider necessary for the health of the above-named student.

In the event of an emergency in the view of the faculty of the program and/or University representative, I authorize the faculty and/or University representative to take whatever action that, in their judgment, they deem warranted and appropriate regarding my health and safety, including, but not limited to, arranging for hospitalization or evaluation by any health care facility, consenting to medical treatment, and/or arranging for my transportation if deemed appropriate by the faculty and/or University representative. Further, I acknowledge and agree that neither this document, nor any actions taken by MSJ or its program faculty or University representative in connection with any such medical emergency, creates any special duty on the part of MSJ whatsoever, including, but not limited to, a special duty to control the conduct of a third person or otherwise prevent him or her from causing harm to me.

List name of Parent/Legal Guardian who you would like us to attempt to reach regarding treatment in an emergency:

Name: _____________________________ Relationship: _____________________________
Telephone: Home (____)________________ Work: (____)__________________________
Cell (____)________________________

Medical Insurance Information:

Primary Health Insurance Company: ____________________________________________
Telephone: ___________________ Policy # ________________ Group # ________________
Address: __________________________________________________________________
Subscriber’s Name: ______________________ Date of Birth: ______________________
Relationship to student: ______________________________________________________

Secondary Health Insurance Company: _________________________________
Telephone: ___________________ Policy # ________________ Group # ________________
Address: __________________________________________________________________
Subscriber’s Name: ______________________ Date of Birth: ______________________
Relationship to student: ______________________________________________________

**PLEASE ATTACH A PHOTOCOPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD**

Signature of Student:

_________________________________________ Date: ____________________________

Signature of Parent/Legal Guardian (if student is under 18):

_________________________________________ Date: ____________________________