

BLUE MOUNTAIN PROJECT

Service Learning Program Application

Thank you for your interest in volunteering with the Blue Mountain Project! The Service Learning Program (SLP) provides short-term volunteer opportunities to live, work and experience life in the Blue Mountains of Jamaica.

Application Requirements

- Applicants must be at least 18 years old.
- Applications must be submitted to SLP@bluemountainproject.org at least 45 days prior to participating in the SLP.
- To begin the application process, a completed application is required.
- A \$50 non-refundable application fee is due at the time of application. If your application is accepted, the application fee will be applied towards your total program fee balance. If your application is not accepted, the fee will not be refunded. Fees can be made electronically via www.bluemountainproject.org.
- Two favorable references must be received prior to acceptance into the SLP.
- Proof of emergency medical travel insurance is also required.

Program Fees

- 2018 Program Fees:
 - \$79 USD/night for 5-14 nights
 - \$69 USD/night for 15-29 nights
 - \$59 USD/night for 30+ nights
- 2018 Discounts:
 - A one-time discount of \$40 USD may be offered in exchange for one large piece of luggage filled with needed in-kind donations. Email SLP@bluemountainproject.org for an updated list of needed supplies.
 - A 10% discount is offered to BMP alumni and/or groups of 8 or more.
- Program fees include lodging with a local host family, three Jamaican meals per day, transportation to and from Kingston, organized learning opportunities and the choice of a beach excursion or a guided hike to the Blue Mountain Peak, a UNESCO World Heritage Site.



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3178 Bladensburg Rd NE, #41256 * Washington, DC * 20018 * USA

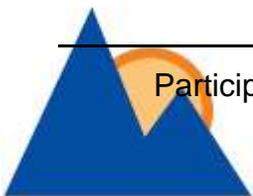
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- Program fees do not include airfare or travel insurance; these expenses are the responsibility of the applicant.
- Program fees are due 30 days prior to arrival in Jamaica. Final payments received after this deadline will be subject to a \$25 late fee.
- Any late or returned check fees incurred during the application process are not deductible from your total program fees.
- Blue Mountain Project is a 501(c)(3) nonprofit organization. All fees paid to Blue Mountain Project and other related expenses, including airfare, may be tax-deductible. Please retain all of your receipts to be submitted to your income tax preparer for deductions.

Cancellation Policies

- If an applicant cancels more than 15 days prior to arrival, BMP will refund all program fees except for the \$50 application fee.
- If cancellation occurs less than 15 days prior to arrival, BMP will only refund 50% of the program fees.
- Refunds will not be made should the volunteer choose to leave early for any reason, after the program has started.
- BMP reserves the right to dismiss anyone who does not abide by program policies. In such an event, program fees will not be refunded.
- In the event of international conflict, BMP abides by U.S. State Department Travel Warnings when deciding whether or not to cancel the program. All program fees will be refunded if your program is cancelled prior to your arrival due to international conflict, civil unrest or any other conditions in Jamaica that make it unsafe for travel, including natural disasters.

I have carefully read and understand the information described above. I agree with the stated terms and conditions and understand that if I fail to comply, I will not be accepted into the Service Learning Program.



Participant Signature

Date

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Please Print:

First Name

Last Name

Permanent Address

City

State

Zip

Phone number

Permanent e-mail address

____/____/____

Gender ID: Male Female Other

Date of Birth

Educational Background

Major/Area of Study

Years completed

Occupation

Employer

How did you hear about us?

Are you volunteering with a group? If so, which one? _____

In which areas are you interested in volunteering? Check all that apply.

Health Education Construction/Beautification General/Administrative



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Why do you want to participate in the Service Learning Program? What skills can you contribute to the volunteer project or community? Include how both you and the community could benefit.

What travel dates are you considering? _____

Please provide the name and email address of 2 professional references (not relatives):

Reference 1

Email

Reference 2

Email

Please list all physical limitations, disabilities, medical, psychological, emotional, or any other conditions which may require additional accommodations while working abroad with the Blue Mountain Project (or indicate none).

Emergency Contact: _____ Relationship: _____

Phone Numbers: _____ Email: _____

Do you have any allergies? Animals, food, seasonal, etc? _____

Do you have any diet restrictions? _____



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Please read and sign the following waivers and releases.

By signing this form, I attest that the information I provided on my application is true and accurate to the best of my knowledge.

Participant Signature

Date

I give the Blue Mountain Project permission to use my name and/or photo to promote the organization. I understand that I will not be compensated for such use.

Name of my local Newspaper

Website

Participant Signature

Date

Blue Mountain Project refers to the Blue Mountain Project, headquartered in Washington, DC (USA) and to its directors, employees and any others acting on its behalf. I agree to follow all the laws of Jamaica and I will visit Jamaica as a goodwill ambassador. I recognize that Jamaica has its own culture and I will demonstrate respect for the culture including those cultural attributes that may be different from my culture. I recognize that I will be exposed to new situations and experiences. I will take reasonable care of myself and of others, and will not take any unreasonable risks that might endanger my, or another's, health or life. I understand that I may be exposed to risks to my person and personal possessions. I understand that I may suffer physical injury, sickness or death, or damage to my property as a result of my participation in the Blue Mountain Project experience in Jamaica, and that there is a possibility of violence, crime and civil unrest. I understand that some services and facilities are provided by third parties, and are out of the control of the Blue Mountain Project. I freely and voluntarily accept and assume all such risks, dangers and hazards and understand that,



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despite its efforts, the Blue Mountain Project may not be able to ensure my safety at all times. I understand that my work with Blue Mountain Project may include construction and rehabilitation of buildings, and I may encounter various tools, e.g., hammers, saws, power saws, nail guns, drills, ladders, and others. This is not a complete list of dangers, but names only a few possible risks. I am medically fit and do not suffer any disabilities, physical limitations, emotional or psychological conditions, other than those disclosed. I will take only those medicines, which I am medically permitted to take to maintain my good health and which have been lawfully prescribed to me. I hereby release the Blue Mountain Project from any claim whatsoever that may arise as a result of any first aid, treatment, or service or assistance provided to me in connection with any injury that arises from my work for the Blue Mountain Project. I am expected to have my own health insurance. I am not relying on the Blue Mountain Project to maintain insurance coverage should I be injured. I take full responsibility for my welfare, health, and safety. I hereby release and hold harmless on my own behalf and on behalf of my heirs, successors, assigns, administrators and executors the Blue Mountain Project, its employees, directors, volunteers and agents from any and all liability for any loss, damage, injury or expense that I or my next of kin may suffer as a result of my participation in this activity, including but not limited to accidents, acts of God, war, civil unrest, sickness, transportation, scheduling, government restrictions or regulations, and any and all expenses I may incur while participating in the Blue Mountain Project's activities. I understand that this agreement cannot be modified except in writing to the Blue Mountain Project and that no oral modification or interpretation will be considered valid.

I (name) _____ have read this document carefully and I acknowledge my responsibilities and the effect of this liability waiver. I am 18 years of age or older.

Participant Signature

Date



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