

Individual Travel Application Checklist Form

Student Travel Committee

Student Activities Association

The Individual Travel Application Checklist Form serves as an overview of forms that are required for submission. The maximum allocation for individual students interested in attending an event is \$1,500.

- Individual Trip Form**
- Purpose of Travel**
The description must include the concept or purpose of the event/activity, and how it relates to your career goals/course of study.
- Quote(s) for Registration Cost, Transportation Cost, & Hotel Cost**
- Schedule of the Activity/Itinerary**
- Copy of valid State ID, or passport (required for international travel), and School ID with valid semester sticker**
- Unofficial Transcript/ Official Transcript (required for first semester transfer students)**
- Individual Presentation Agreement Form**
The form indicates that you must write a 300 word essay, or create a video, and or submit a slideshow to the Student Travel Coordinator upon return from travel. This presentation should reflect the benefit the travel has made to your John Jay College experience.
- Faculty or Staff Recommendation Letter**
A faculty, or staff member, must submit a letter of recommendation.
- Trip Chaperone Form**
- CUNY Off-Campus Liability Form**
- CUNY Off- Campus Student Travel Approval Form**

Individual Trip Form

Student Travel Committee

Student Activities Association

Personal Information

Last Name: _____ First Name: _____
Phone Number: _____ Major: _____
GPA: _____ Credits Completed: _____ Undergraduate/Graduate: _____
John Jay Email: _____

Emergency Information

Emergency Contact: _____
Last Name First Name
Relationship: _____
Emergency Home Number: _____ Emergency Cell Number: _____

Event Details

Date(s) of Activity: _____ Destination of Activity: _____
Name of Activity: _____
Trip Chaperone Name: _____ Trip Chaperone Phone _____
Trip Chaperone Email: _____

Transportation Details

Mode of Transportation: _____ Name of Company: _____

Hotel Details

Name of Hotel: _____ Phone # _____
Address: _____
City: _____ State: _____ Zip: _____

Funding Request

Registration Cost: \$ _____ Transportation Cost: \$ _____ Hotel Cost: \$ _____
Total Amount Requesting: \$ _____

For Office Use Only (Committee Actions):

- Approved Amount: \$ _____
- Not Approved
 - Do not meet GPA Requirement
 - Do not meet credit requirement
 - Application submitted after deadline
 - Missing Faculty Support Letter
 - Already Approved for Maximum Amount
 - Funding Exhausted

Initials for Co-Chair 1: _____

Initial for Co-Chair 2: _____

Purpose of Travel

TO: Student Travel Committee (STC)

FROM: _____

DATE: _____

SUBJECT: _____

Description of Activity

The description must include the concept or purpose of the event/activity, and how it relates to your career goals/course of study.

*****For more space please attach additional paper.**

Individual Presentation Agreement Form

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Upon completion of travel, all students are required to submit a 300 word essay, or a video detailing their experience, and or a photo presentation with captions showing their overall experience. The presentation should reflect the benefit the travel has made to their John Jay College experience. The presentation must be submitted within two weeks after attendance at the event to studenttravel@jjay.cuny.edu with the subject line containing your first and last name and the phrase "Travel Presentation" (ex. Joe Smith Travel Presentation).

I acknowledge that I must submit a 300 word essay, or a video, or a photo PowerPoint presentation within two weeks of my return from the event I attend. If I do not provide the presentation within two weeks of my return, I am responsible for reimbursing the Student Activities Association for the full amount approved by the student travel committee. If the funds are not reimbursed, the Student Activities Association has the authority to place a stop on my records.

I hereby grant The City University of New York (CUNY) permission to use my name, the name of the educational program in which I am enrolled, and my photograph for any purpose that CUNY may deem appropriate, including without limitation educational uses and promotion of CUNY and its programs and activities, in perpetuity in in-house publications as well as in all other media, whether now known or later developed. I waive any right to inspect and approve such use.

I agree to hold harmless The City University of New York from any liability that may arise from such use of my name, graduate program and/or likeness.

I am at least 18 years old.

Print Student Name

Date

Signature Student Name

Date

Faculty or Staff Recommendation Letter Student Travel Committee Student Activities Association

I, _____, support the following student or students

_____ to attend the following event _____
on the date(s) of _____ in _____ (city/state).

How long have you known the applicant? (Years/Months)

What is your overall opinion of the applicant's qualifications?

Faculty/Staff Print Name

Date

Faculty/Staff Sign Name

Date

_____/_____
Department Name Extension

Email Address

By signing this form, you are indicating that you know this student and believe that assisting this student with a travel opportunity would be beneficial to their John Jay College experience. This form does not hold you responsible for any claims, damages, or liability arising from or related to the trip activity of this student.

CUNY OFF-CAMPUS LIABILITY FORM Student Travel Committee

Part A- To be completed and then distributed for completion by participating students.

Description of Activity

John Jay College of the City University of New York believes that participation in organized, off-Campus activities by its students can be an important part of a student’s learning experience. Off-Campus activities may, however, involve certain risks, both to the participating students and to the College/University. In order to participate, each student must read carefully, complete, and sign this Off-Campus Travel Participation, Waiver, Emergency Contact Form and submit it to the Trip Sponsor prior to the activity.

Description of Activity: _____

Destination of Activity: _____

Name of Trip Sponsor: STUDENT TRAVEL COMMITTEE

Affiliation of Trip Sponsor to College/University: JOHN JAY COLLEGE

Name of Chaperone/s: _____

Contact Telephone Number on Date(s) of Activity: _____

Part B - To be completed and signed by participating student and, if under 18, his/her parent or legal guardian.

Participation, Waiver and Release, and Emergency Contact Information

I wish to participate in the Activity, and in consideration for being permitted to participate in the Activity, I hereby represent and agree as follows:

1. I understand that participation in the Activity involves risks and hazards not found in study at the College, including risks involved in travelling, and I have sought and obtained information and advice that I feel necessary and appropriate. I am fully aware of and voluntarily assume the risks and hazards connected with participating, and I hereby voluntarily elect to participate in the Activity. I acknowledge, accept, and assume all such risks, whether or not foreseeable and whether or not caused by the negligent or intentional acts or omissions of others.
2. I understand that, although the University has made every reasonable effort to assure my safety while participating in the Activity, there are unavoidable risks, and I hereby release and promise not to sue the City of New York, the State of New York, the College, the University and the officers, employees, agents, or representatives of any and all of them (“Released Parties”) for any damages or injury (including death) caused by, deriving from, or associated with my participation in the Activity, except for such damages or injury as may be caused by the gross negligence or willful misconduct of the officers, employees, agents, or representatives of any of them. It is my express intent that this Release bind my heirs, assigns, and personal representatives.

3. I represent that my agreement to the provisions herein is wholly voluntary, and further understand that, prior to signing this Release, I have the right to consult with the adviser, counselor, or attorney of my choice.
4. I will become informed of and conform my conduct to the standards surrounding the Activity and assume responsibility of my actions, understanding that the circumstances of an Activity may require a standard of behavior that may differ from the applicable on campus. I will comply with the University's rules, standards, and instructions, for student behavior, including the College's Code of Student Conduct and the Henderson Rules of Public Order. I acknowledge and understand that my compliance is important to the success of the Activity and to the University's/College's willingness to permit future similar activities. I waive and release all claims against the University that arise at a time when I am not under direct supervision of the University or that are caused by my failure to remain under such supervision or to comply with such rules, standards and instructions.
5. I agree that the University has the right to enforce the standards and conduct described herein, its sole judgment, and that it may impose restrictions, up to and including removal and termination from the Activity, for violating these standards or for any behavior detrimental to or incompatible with the interest, harmony and welfare of the College, the University, the Activity or other participants. If I am terminated from the Activity, I consent to going home at my own expense with no refund of fees.
6. I have or will obtain and maintain health, accident, disability, hospitalization, and travel insurance as I deem necessary to participate in the Activity, and I will be responsible for the costs of such insurance and for any expenses not covered by insurance.
7. I have no health related reasons or problems that preclude or restrict my participation in the Activity or I have disclosed to the College any physical, mental, and emotional conditions or problems, permanent or temporary, including special dietary and medication needs, or the need for visual or auditory aids that might impair my ability to participate in the Activity, and I hereby release the University and its trustees, officers, employees, agents, and representatives from any and all claims, demands, injuries, damages, losses, actions, cause of action, or expenses whatsoever arising out of my failure to disclose such conditions or problems.
8. The University may, but is not obligated to, take any actions regarding my health and safety that it considers to be warranted under the circumstances. I hereby authorize the University to make such decisions as may be necessary if it is unable to reach the Emergency Contact Person named above. I agree to pay all expenses relating thereto and release the University from any liability for any such actions.
9. I am assume full financial responsibility for all costs and expenses incurred by me in connection with the Activity, including, without limitation, financial responsibility for damage or destruction to property of third parties.
10. I will not hold myself out as having the power or authority to bind or create liability for the College or the University.
11. I agree that should any provision or aspect of this Participation, Waiver, and Emergency Contact Form be found to be unenforceable, that all remaining provisions will remain in full force and effect.
12. This waiver and release represents my complete understanding with the College and the University concerning their responsibility and liability for my participation in the Activity. It supersedes any previous or contemporaneous understandings I may have had with the College or the University on this subject, whether written or oral, and cannot be changed or amended in any way without my written concurrence.

<p>Please Print Your Information:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Cell Phone: _____ Email: _____@jjay.cuny.edu</p>
<p>Emergency Contact Information</p> <p>In case of Emergency, Please notify,</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Cell Phone: _____ Alternate Number: _____</p>

Check One:

I am at least 18 years old

I am not yet eighteen years old, so I have secured the signature of my parent or guardian (see below) as well as my own.

I wish to participate in the Activity, I have read and completed this Off-Campus Activity Participation, Waiver, and Emergence Contact Form carefully, and I am signing it voluntarily.

Date: _____

Signature: _____

If participating student completing and signing this form is under the age of 18, then the following pages must be completed and signed by the student's parent or legal guardian.

1. I am the parent or legal guardian of the student named above who signed above.
2. I give my permission for my child to take part in the Activity described on the first page of this form with the understanding that there are potential risks associated with the Activity.
3. I understand that the student is expected to behave responsibly and to follow the University's discipline code and policies.
4. I agree that in the event of an emergency injury or illness, the staff member(s) in charge of the Activity may act on my behalf and at my expense in obtaining medical treatment for the student.
5. I have read this Off-Campus Travel Participation, Waiver, and Emergency Contact Form, and I confirm that the information provided by the student is accurate and complete.
6. I am and will be legally responsible for the obligations and acts of the student as described in this form, (including such parts as may subject me to personal financial responsibility),
7. I agree, for myself and for the student, to be bound by its terms.

Print First & Last Name of Parent or Guardian

Date

Signature First & Last Name of Parent or Guardian

If student is under the age of 18 and the Activity includes overnight stay(s), then the parent or guardian signature must be notarized.

STATE OF _____)

ss.:

COUNTY OF _____)

On theday of.....in the year.....before me, the undersigned, personally appeared....., personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that s/he executed the same in her/his capacity, and that by her/his signature on the instrument, the individual, or the person upon behalf of which the individual acted, executed the instrument.

Notary Public

CUNY OFF-CAMPUS STUDENT TRAVEL APPROVAL FORM

Student Travel Committee

The Off-Campus Student Travel Approval Form must be completed and submitted to the Chief Student Affairs Officer for student organizations travel or to the Chief Academic Officer for academic (class) related travel a minimum of one (1) month prior to travel. All organized travel is expected to follow the CUNY Student Domestic Trip and Travel Guidelines. These Guidelines can be found at jjay.cuny.edu. This form must be approved by the Chief Student Affairs Officer or the Chief Academic Officer in order for travel to commence.

Type of Trip (Check One): Individual Group Other: _____

Name of Individual/Group Traveling: _____

If the trip is Academic, identify the Course and Section: _____

Trip Sponsor Name: STUDENT TRAVEL COMMITTEE Status: FACULTY/STAFF/STUDENT

Title of Trip Sponsor: STUDENT TRAVEL COMMITTEE

Name of College: JOHN JAY COLLEGE

Cell Phone: N/A

Alternative Phone: (212) 393-6474

Email: STUDENTTRAVEL@JJAY.CUNY.EDU

Will the trip sponsor be accompanying participants on the Travel/Event/Activity?

Yes

NO

(If you responded “NO”, please fill out the next page to provide the contact information for the Trip Chaperone or Trip Contact Person.)

All college sponsored/affiliated trips are required to be accompanied by a trip chaperone as outlined in the Domestic Trip and Travel Guidelines unless otherwise exempted. If the chaperone is different from the trip sponsor, please complete the following information. If you have more than one chaperone, please attach an additional page with complete information. If there is no chaperone, provide the information the trip contact person.

Destination of Travel/Event/Activity: _____

Name of Travel/Event/Activity: _____

Purpose of Travel: _____

Number of Students Attending: _____

Dates of Travel: Departing Day: _____ Time: _____

Returning Day: _____ Time: _____

Transportation (Check all that apply): Car Rental Train Plane University Vehicle
 Contracted Bus Service Other _____

Transportation Details: (Please Provide Relevant Details):

Driver's Name: _____

DMV Number of Driver: _____ Rental Service: _____

Name of Bus/Train/Airline Co: _____

Flight/Train Number(s): _____

Will the travel require overnight lodging? (If yes, please complete the next section) Yes No

Name of Accommodation: _____

Type of Accommodation: Hotel Hostel College Resident Hall
 Retreat Center Personal Home Conference Center

Other: _____

Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

* Attach additional sheets as necessary.

Please attach a complete trip itinerary and any other relevant attachments.

