



*“The real voyage of discovery lies not in seeking new lands but in seeing with new eyes.”
– Marcel Proust, French Author*

Mission

The mission of the Cincinnati Urban Experience (CUE) is to provide participants with an experience of meaningful service and social justice education that will motivate them to become active in the fight to end poverty and homelessness.

Overview

The Greater Cincinnati Coalition for the Homeless coordinates service opportunities while educating and immersing groups in an urban environment. GCCH arranges for service opportunities at many of its forty nine member agencies. Days during CUE will be spent volunteering at local homeless shelters, soup kitchens, and other agencies that provide services for the area’s homeless population. We also offer educational activities so that participants can learn about the root causes of homelessness and poverty. All participants will have the opportunity to hear from speakers, participate in team-building activities, and reflect on how they can get involved in dispelling myths and creating empathy rather than apathy. While doing service and being educated, students are taught the importance of advocacy to promote systemic change.

Programs

Staff at the coalition can tailor the program to fit the needs of each group. Generally, experiences fall into two main types:

- **Week-long Service Trips:** Typically last between five and seven days and are most popular during spring, summer, and winter breaks. These trips are often referred to as "Alternative Spring Breaks." We can accommodate groups at any time of the year, but please be aware that spring is our busiest time and space is limited.
- **Weekend Urban Plunges:** Urban plunges are very similar to the week long trips except they only last a weekend and focus more on education than service. They are particularly well-suited for groups close to or located in Cincinnati.

Service

"Everybody can be great, because anybody can serve. You don't have to have a college degree to serve. You don't have to make your subject and verb agree to serve. You only need a heart full of grace. A soul generated by love."

– Martin Luther King Jr.

Groups perform service at agencies and organizations in urban Cincinnati that deal with poverty and homeless issues directly and indirectly. Through service work, participants have personal experiences with issues and gain knowledge. Each agency has something different in store. Not all groups will work with each agency. Each agency provides an explanation of the services they offer and the population they serve as well as a brief orientation and training on the service work.

Service opportunities include:

- Soup Kitchen
- Housing Rehab
- Shelter Service
- Food Pantry
- Clothing Pantry
- Urban Daycare
- Cleaning/Organizing
- Urban Garden

Examples of organizations:

CAIN Churches Active In Northside Food Pantry—

www.cainministry.org

Children's Creative Corner at buddy's Place

City Gospel Mission— www.citygospelmission.com

Contact Center—

www.overtherhine.org/contactcenter/index.html

Drop Inn Center— www.dropinn.org

Freestore Foodbank— www.freestorefoodbank.org

Grace Place— <http://home.fuse.net/graceplacecw/welcome.htm>

Our Daily Bread— www.ourdailybread.us

Mercy Franciscan at St. John—

www.ehealthconnection.com/regions/cincinnati/

Over-the-Rhine Community Housing (OTRCH)—

www.otrch.org

Over-the-Rhine Soup Kitchen/Walnut Hills Soup Kitchen—

www.overtherhinekitchen.org

Peaslee Neighborhood Center – www.overtherhine.org/peaslee

St. Francis Seraph Soup Kitchen— www.stfrancisseraph.org

Tender Mercies— www.tendermerciesinc.org

Welcome House— www.welcomehouseky.org

Education

“Follow effective action with quiet reflection. From the quiet reflection will come even more effective action.”

– by James Levin, author

Participants will take part in activities that teach them about focus issues. In addition, each group will participate in reflection exercises and discuss service, education, experiences, and observations among peers. The focus will be on drawing connections and learning. Below is an overview of some of the activities your group will be participating in.

Orientation

Orientation provides a background of Over-the-Rhine while giving people the opportunity to explore what services are offered here in Cincinnati. It also sets up the rest of the experience and gives safety guidelines.

Greater Cincinnati Coalition for the Homeless Speaker’s Bureau

The “Voice of the Homeless” Speaker’s Bureau is made up of homeless and formerly homeless individuals who are available to share their experiences and educate others about the problems surrounding homelessness. With all of the stereotypes and myths that perpetuate our society, the speaker’s story helps to personalize the issue and the facts and statistics presented help to create compassion and understanding.

Homeless Family Scavenger Hunt

In this scavenger hunt participants will simulate what it is like to become homeless and learn how to survive.

Shelter Seekers

This activity gives you the opportunity to review applicants for stay at a shelter. You must decide who can have a bed and who you must be turned away. They are not easy decisions. This activity helps students learn the difficulties that shelters face on a daily basis and understand the frustrations faced by many homeless individuals who are often turned away from shelter.

Budget Activity

The budget activity provides participants with a profile of an individual and the task of budgeting their expenses for the coming months. This is difficult because of the low wages earned by most and the high living expenses. This provides an opportunity to see why change is needed.

Media

By using newspaper articles and movies we will explore how our culture views the downtrodden and homeless in our society. The articles create an opportunity for discussion while the movies provide a real perspective on difficulties faced by the oppressed.

Cost:

The normal price is \$35 per person per day with housing or \$20 per day without housing. This price includes planning the service opportunities, providing speakers and educational activities, and making sure the trip runs effectively.

- To determine the cost of your experience multiply:

the number of people x number of days x cost per person = total

- Groups must pay a 25% deposit to complete their registration. The 25% deposit is applied to the final invoice. If the original number of people attending decreases, a 25% deposit per non-attending participant is retained by the Greater Cincinnati Coalition for the Homeless.

Booking Your Trip (steps):

1. Call or email the Education Coordinator to determine if the date you are requesting is available and tentatively reserve your dates.
2. Once you've received confirmation of the availability, fill out the CUE Initial Registration Form and CUE Planning Form and return by mail or email and include a 25% deposit which will be applied towards the total.
3. Confirm with the Coordinator that the trip is in the planning process.
4. Have each participant fill out the Participant Registration Form and the Release Form and return them by mail or fax or bring them on the date of your arrival.

Cancelations:

25% of the original total is nonrefundable.



Name of person filling out form: _____

Phone #: _____

Email: _____

Date form filled out: _____

Initial Registration Form

Organization Name:

Mailing Address:

City:

State

Zip

Proposed Dates:

Estimated arrival time:

Estimated departure time:

Is this a special program or alternative break?
(e.g. Cedar Falls Justice Program) Yes No

Program name:

Program

Week-long Service Trip

~4-7 days, includes: planning, service sites, educational activities & reflection.

<i>Days & Nights: (Check one)</i>	<i>4 days 3 nights</i>		<i>5 days 4 nights</i>		<i>6 days 5 nights</i>		<i>7 days 6 nights</i>	
<i>Cost per person:</i>	<input type="checkbox"/>	\$140.00	<input type="checkbox"/>	\$175.00	<input type="checkbox"/>	\$210.00	<input type="checkbox"/>	\$245.00
<i>w/ out housing option:</i>	<input type="checkbox"/>	\$80.00	<input type="checkbox"/>	\$100.00	<input type="checkbox"/>	\$120.00	<input type="checkbox"/>	\$140.00

Weekend Urban Plunge

~Up to 3days, includes: planning, housing, service sites and educational activities & reflection.

<i>Days & Nights: (Check one)</i>	<i>3 days 2 nights (Fri-Sunday)</i>		<i>2 days 2 nights (2 days of activities)</i>		<i>Overnight (e.g. 4pm-noon)</i>		<i>1 daylong trip (no housing, e.g. 9am-6pm)</i>	
<i>Cost per person:</i>	<input type="checkbox"/>	\$105	<input type="checkbox"/>	\$70	<input type="checkbox"/>	\$35	<input type="checkbox"/>	\$20

Sponsoring Group/Organization:

Estimated # Attending:

**Who is attending?
(demographics):**

Participant age group (CUE participants must be 14 and older):

Youth (7th-8th) Teen (9th-12th) College/University Adult Other

Coordinator Contact Name:

Phone:

Email:

CUE Planning Form

Please fill out and return this form as soon as possible. Include information about all members of your group. Return by fax or mail. **Fax:** (513) 421-7813 **Mail:** 117 E. 12th St. Cincinnati, Ohio 45202

How will your group be traveling? (Circle those that apply) Plane / Bus / Taxi / School Vehicle/ Rental Car How will you get around once you are in Cincinnati? _____

Participant Information

Name	Phone	Age	Year in School
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			

Food:

Note: food is not currently provided for CUE, however during the service experience students are responsible for their own meals with the exception of 1 community dinner and one day that we will do a lunch activity that will cover your lunch for that day. In most cases we provide the basics: a refrigerator, a sink, an oven and a stove. Additionally, the kitchen has pots, pans, cooking utensils, re-usable plates, silverware and cups.

Please list any dietary restrictions we should be aware of (diabetes, vegetarians, allergies etc.)?

Are there any preferences for food options (If so, please list some ideas)?

Trip Options:

Service: Below are some service options. If your group does not have a preference please leave blank **We will do our best to tailor your trip to the wants and needs of your group.**

Check	Rate 1-7	
<input type="checkbox"/>		Soup Kitchen (meal prep and/or serving)
<input type="checkbox"/>		Housing Rehab/Construction
<input type="checkbox"/>		Shelter Service (working within a shelter doing various jobs)
<input type="checkbox"/>		Food Pantry
<input type="checkbox"/>		Urban Daycare
<input type="checkbox"/>		Cleaning/Organizing (various social service agencies)
<input type="checkbox"/>		Urban Gardening

Are there any specific organizations listed that you would prefer to work with?

Are there any service options not listed that you would like the Coalition to look into?

Activity/Reflection: Below are some examples of educational activities. Please look over the summary of educational activities included with this packet indicate your preferences below. If your group does not have a preference please leave blank.

Check	Rate 1-7	
<input type="checkbox"/>		“Voice of the Homeless” Speaker’s Bureau
<input type="checkbox"/>		Homeless Scavenger Hunt
<input type="checkbox"/>		Shelter Seekers
<input type="checkbox"/>		Lunch on Food Stamps
<input type="checkbox"/>		Budget Activity or Minimum Wage Activity
<input type="checkbox"/>		Films
<input type="checkbox"/>		Collection of Readings about Homelessness & Poverty

Is your group particularly interested in working with/ learning about a specific homeless demographic (circle interest):

Children/Youth	Elderly	Veterans	Mental Health	Substance Abuse	Domestic Violence	Employment
Advocacy	Hate Crimes	Families with children	Prison	Affordable Housing	Pre-Homeless population	

Is there anything else you would like to say to help us plan your trip?



**Cincinnati Urban Experience
Participant Registration Information**

Full Name: _____ **Date of Birth:** _____

<i>Last</i>	<i>First</i>	<i>M.I.</i>	
Mailing Address:	City	State	ZIP Code

Phone: () _____ **E-mail Address:** _____

Emergency Contact (s)

Name	Address
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Relationship	Home Phone	Work Phone
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Name	Address
------	---------

Relationship	Home Phone	Work Phone
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Personal Physician's Name _____

Address Phone	
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Medical Information

I am presently taking the following medication(s) _____

I am allergic to the following medication(s) _____

Presently wear contact lenses? _____ Presently wear glasses? _____

Please state any medical conditions that emergency care providers need to be aware of:

Do you have health insurance? _____ Policy # _____

Name of Insured (if different from self) _____ Relationship _____

Name of Insurance Company _____ Phone _____

Address of Insurance Company _____

If I need medical treatment arising out of my participation in this activity, I give my consent for the Greater Cincinnati Coalition for the Homeless to release the information on this form to any medical professional.

Signed _____ Date _____
(Signature of participant, or parent or legal guardian, if participant is a minor.)

**RELEASE, WAIVER AND ASSUMPTION OF THE RISK
FOR PARTICIPATION IN CINCINNATI URBAN EXPERIENCE**

Name of Event: Cincinnati Urban Experience (hereinafter "CUE")
Date(s) of Event: _____

This is a legally binding release, waiver and assumption of risk made by me _____
_____ (hereinafter "I" or "Participant"), to Greater Cincinnati Coalition for the Homeless (hereinafter "GCCH"). I wish to participate in CUE, and I hereby agree as follows:

1. I acknowledge and understand that as part of my participation in CUE there are dangers, hazards and inherent risks to which I may be exposed, including the risk of serious physical injury, temporary or permanent disability, and death, as well as economic and property loss. The dangers, hazards and risks may arise from my own actions, inactions, or negligence as well as from the actions, inactions or negligence of others, or the condition of the premises. I also acknowledge and understand that there may be other dangers, hazards or risks not presently known or reasonably foreseeable. Participation in CUE may include travel to and from CUE.
2. To the extent that I engage in activities that are not a part of CUE and from which I may sustain personal injury or other damage to myself or property, or cause others to be injured or sustain other damage, including damage to their property, I understand that GCCH and its employees, agents, volunteers and/or assigns will not be held responsible.
3. In consideration of the right to participate in CUE, I agree to assume all dangers, hazards and risks arising from my participation in CUE.
4. I agree, in connection with my participation in CUE, to adhere to all of the policies and procedures of GCCH, jurisdictional laws and ordinances, laws of the State of Ohio and of the United States government. If I fail to adhere to the above-stated policies, procedures, and/or ordinances and laws, I will be responsible for any injuries and/or damages that may result. Further, if I fail to adhere to the above-stated policies, procedures, and/or ordinances and laws, this failure may result in my dismissal from CUE.
5. In the event of an accident or serious illness, I hereby authorize GCCH to obtain medical treatment for me and on my behalf. I hereby hold harmless and agree to indemnify GCCH from any claims, causes of action, damages and/or liabilities, arising out of or resulting from said medical treatment.
6. I hereby release, indemnify and hold harmless GCCH, and their officers, trustees, employees, volunteers, assigns, successors, and/or agents, from and against any and all liability, actions, debts, claims and demands of every kind whatsoever, specifically including, but not limited to, any claim for negligence or negligent acts or omissions and any present or future claim, loss or liability for injury to

person or property that I may suffer, for which I may be liable to any other person, that may or does arise out of my participation in CUE.

7. I hereby indemnify GCCH and agree to take full responsibility for any damages I may cause to the property of Over the Rhine Community Housing during my participation in CUE.

8. I acknowledge that, prior to signing this release, waiver and assumption of risk, I have had an adequate opportunity to read it and any questions I had were directed to GCCH and have been answered to my satisfaction.

Signature of Participant _____ Date _____

Printed Name of Participant _____

If Participant is under 18 years of age:

I am the parent or legal guardian of the Participant. I have read and understand the foregoing release, waiver and assumption of risk (including such parts as may subject me to personal financial responsibility); I hereby consent to Participant's participation in CUE; I am and will be legally responsible for the obligations and acts of Participant as described in this release, waiver and assumption of risk; and I agree to be bound by the terms of this release, waiver and assumption of risk.

Parent/Guardian Signature _____ Date _____

Minor Participant's Name _____