



CENTER FOR INDONESIA FIELD STUDY (CIFS) - BEND

Central Oregon Community College

Inaugural Field Course at Cagar Alum Pangandaran **INDONESIA FIELD STUDY PROGRAM** **2023**

APPLICATION CHECKLIST

Applications are now being accepted for the 2023 Indonesia Field Study Classes

COMPLETED applications will be processed in the order they are received and will be accepted through Friday, 24 February 2023.

- Personal Information Data Sheet
- Three Letters of Reference
- Confirmation of Health Screening Form
- TB Test Results Form
- Acknowledgment Regarding Travel Insurance as required by COCC Form
- Acknowledgment of Risk and Consent for Treatment Form
- Terms of Participation Form
- Standards of Conduct for Study Abroad Form
- Release Form – Central Oregon Community College
- Release Form - Pusat Studi Satwa Primata-Institut Pertanian Bogor
- \$25.00 application fee (nonrefundable) - make check **payable to: Central Oregon Community College**

Return the completed application to:

By Email: Attach application as a .pdf and send to: mnovak@cocc.edu

By Post: **Prof. Matthew S. Novak, Coordinator**
Center for Indonesian Field Study
Social Sciences Department
Modoc Hall, 106
Central Oregon Community College
Bend, OR 97703

By Hand: **Social Sciences Department (Modoc Hall 106)**
Attn. Matthew Novak, Coordinator, Center for Indonesian Field Study
Indonesian Field Study Program



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PERSONAL INFORMATION DATA SHEET

The following information will be used to help evaluate applicants interested in participating in the Indonesian Field Study Program. The information provided should be accurate and up to date.

Name (print): _____

Sex: male female

Local Address: _____

Permanent Address: _____

Current phone: _____

Permanent phone: _____

Email: _____

Birthdate (dd/mm/yyyy): _____ Birthplace: _____ Citizenship: _____ State of Residence: _____

NOTE: Please keep the CIFS-Bend advised of any changes in your address, telephone number, and/or email.

Education:

COCC Student #: _____ OR Student #: _____

Major: _____ Class Standing: _____ GPA: _____

Travel Experience:

Do you have a valid passport? **YES / NO**

Full Name as it appears **EXACTLY** on your passport: _____

for which country: _____

date of expiration: _____

Have you ever traveled abroad? **YES / NO**

to which country(s): _____

for how long: _____

dates of travel abroad: _____

purpose of travel: _____

Foreign Language Skills:

List languages (other than English) studied or spoken: _____

Level of proficiency (e.g., reading comprehension, basic conversation, fluent, etc.): _____

Interests and Activities:

Hobbies (list): _____

What kind of physical shape are you in? **POOR / AVERAGE / GOOD**

Do you engage in any regular exercise: **YES / NO**

Describe:

Briefly describe your level of participation in outdoor activities? (e.g., hiking, camping, backpacking, etc.):

Are you comfortable around boats / water? **YES / NO**

What is your level of swimming ability? **CANNOT SWIM / POOR / AVERAGE / GOOD**

Have you ever held certification in any medical/rescue related activity (first aid, CPR, Lifeguard, EMT, ski patrol, etc.)? **YES / NO**

Describe:

Briefly describe your interest in this program and what you hope to accomplish as a result of participation in the program. *(Please continue on the back of this page if needed.)*

References:

Have three individuals familiar with your academic performance, and preferably with whom you have interacted on a personal level (e.g., lab assistant, etc.), submit letters of reference. At least one letter should be from someone other than one of your professors. Letters should be sent via email or post to the Program Coordinator: Prof. Matthew Novak, Coordinator, Center for Indonesian Field Study, Social Sciences Department, Modoc Hall 106, Central Oregon Community College, Bend, OR 97703. mnovak@cocc.edu

List the names, addresses, phone numbers, and email of your references.

- 1.

- 2.

- 3.

Emergency Contacts:

Names, addresses, phone numbers, and email of two individuals that could be contacted in the event of an emergency. What is their relationship to you?

- 1.

- 2.

The answers I have given are correct to the best of my knowledge.

Signature of Applicant

Date

I authorize the release of the information in this personal information data sheet to the administration of Central Oregon Community College (COCC), and to the coordinators of the program at COCC and in Indonesia.

Signature of Applicant

Date



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HEALTH SCREENING

NOTE TO THE APPLICANT:

As part of the application process for Indonesia Field Study, you are requested to have a health screening. Please give this section of the application to your physician at the time of your screening. At the completion of your screening, collect the completed Confirmation of Health Screening Form and submit the form along with the remainder of the application packet to the Program Coordinator of the Center for Indonesia Field Study.

NOTE TO THE PHYSICIAN:

The applicant is applying to participate in an Indonesia Field Study class. You are asked to evaluate the applicant's physical and emotional health and his/her potential for successful participation in the program.

Participants will spend approximately four weeks abroad as part of the program. The pressures of living abroad are considerable. It is extremely important that all participants be able to adjust to dramatic changes in climate, diet, living conditions, and physical activity.

Participants in this program will spend a considerable portion of their time living under demanding field conditions in remote locations that offer few amenities and little privacy. They will need tact and sensitivity when dealing with the local people and with members of their own group. Further, the remote field locations often limit access to immediate medical attention (e.g., 12-24 hrs to reach reasonable medical care). As such, there are important health-related issues to consider regarding foods, dietary restrictions, known allergies, acute respiratory illnesses, preexisting illnesses, physical disabilities, emotional health problems, etc. that could be exacerbated/become life threatening under stressful and demanding field conditions.

Please give the completed Health Screening Form to the applicant upon completion of your exam.

Thank you for your assistance.

If you would like additional information about the program, please contact the Program Coordinator:

Prof. Matthew S. Novak, Director, Center for Indonesian Field Study,
Social Sciences Department, Modoc Hall 106, Central Oregon Community College, Bend, OR 97702

phone: (541) 383-7206 email: mnovak@cocc.edu



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INDONESIA FIELD STUDY PROGRAM
2023

HEALTH SCREENING

CONFIRMATION OF HEALTH SCREENING

To be completed by the physician.

Upon completion of the screening, please complete this form and return to the applicant.

Applicant's Name (print): _____

Date of Exam: _____

I have examined the applicant and believe that they are capable of participating in the Indonesia Field Study Program.

Comments:

Physician's Name and Title (please print) Signature Date

Health Care Facility Phone



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TB TEST RESULTS

To be completed by the physician or health care provider.

The following applicant is a candidate for participation in the Indonesia Field Study Program. This individual may be in close proximity with nonhuman primates and thus is required to provide verification of having had a recent TB test (within the past six months).

Applicant's Name (print): _____

Date of Test: _____

Type of test conducted: skin _____ chest x-ray _____

Test results: negative _____ positive _____

I verify that the test results for the above-named applicant are true.

Physician's Name (please print) _____ Signature _____ Date _____

Health Care Facility _____ Phone _____



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ACKNOWLEDGMENT REGARDING MEDICAL INSURANCE COVERAGE

I (applicant's name: _____) acknowledge that Central Oregon Community College does not provide (i.e., pay for) health, accident, or evacuation insurance for the Field Study Program participants. I understand that I am **required** to purchase insurance coverage that provides the level of coverage required by Central Oregon Community College that will be in effect throughout the duration of my participation in the Indonesia Field Study Program.

If accepted to the CIFS-Bend Indonesia field study program, I will contact the Program Coordinator to inquire about insurance plan options.

(Verification of coverage will be required: Name of Ins. Co., Policy No., Dates of Coverage)

Further, I agree to be financially responsible for any bills incurred as a result of emergency medical/dental treatment, transportation, and evacuation.

Signature

Date



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ASSUMPTION OF RISK AND CONSENT FOR TREATMENT **FOR STUDY ABROAD PARTICIPANTS**

SECTION 1: Program Information and Risk Exposure

Name of Program/Class: - PSY 262 Indonesian Field Study II: Global Health: Field Training and Research

Location of Program/Class: West Java/Banten and Cagar Alum Pangandaran, Indonesia

Prog. Coordinator/Faculty Sponsor: Prof. Matthew Novak, Center for Indonesian Field Study - Bend, Social Sciences Department, Psychology Program, 541-383-7206

Program Dates: 20 July - 15 August 2023 (In Indonesia)

Description of physical activities to be undertaken: Individuals participating in the Indonesia Field Study Program will spend about three weeks in Indonesia, two to two and a half weeks of which will be spent at Cagar Alum Pangandaran (Pagandaran Nature Reserve). Participants will live under demanding field conditions (multiple occupancy huts, no running water, modest meals), often engaging in strenuous physical activity (extended walking in jungle; possibly swimming; etc.) in hot humid conditions. Participants are responsible for providing all necessary supplies for their field research/training projects and personal use. There are several recommended immunizations for travel to Indonesia. It is the participant's responsibility to update their vaccinations and obtain pre-trip immunizations. Participants should consult with their physician and/or health care provider for more detail. Additionally, participants should read the traveler's health information (relating to Indonesia/Southeast Asia) on the *U.S. Centers for Disease Control and Prevention (CDC) website* (<http://www.cdc.gov/travel/default.aspx>).

Statement of Risk Exposures:

Participants in this class may be exposed to risks that could result in discomfort, inconvenience, forfeiture of program fees, loss of or damage to personal property, serious injury, or death as a result of, but not limited to, the following:

- riding in, traveling on, or operating motorized/self-propelled vehicles (land, air, water)
- uncomfortable or dangerous air, land, water, and/or other transportation conditions and

systems

- crowded, rugged, rustic living accommodations with minimal amenities
- severe and/or unpredictable environmental conditions and events including weather and natural disasters
- dangerous terrain, temperature extremes, high-altitude conditions, and/or water and ocean conditions
- dangerous and/or poisonous flora and fauna
- shortages and inconveniences, such as power outages, lack of refrigeration, lack of hot/cold water, and/or lack of privacy
- lack of potable water and/or limited food supplies
- food-borne, air-borne, and/or water-borne diseases, parasites, and other contaminants
- exposure to transmittable and contagious disease as well as air, water, and other environmental pollutants
- lack of immediate emergency medical treatment and/or limited medical facilities in rural areas
- intentional or unintentional damage to personal property
- criminal activity including but not limited to assault, rape, murder, and kidnapping
- theft of personal property, identity theft, and/or other criminal activity
- being subject to laws and legal systems that differ in customs, penalties, and due process protection
- dangerous pedestrian conditions
- disruption or cancellation of instruction and the program due to strikes, civil unrest, natural disasters and other unforeseen circumstances
- unforeseen political, economic, security, weather, and/or other conditions
- serious injury of death

In addition to the risks noted above, the following statement summarizes/reiterates some of the potential risks (to one's person or property) a participant could encounter during, or as a result of, participation in the Indonesia Field Study Program. Travel by aircraft, boat, automobile, or other forms of transportation may involve greater risk than in the U.S. Participants staying at Cagar Alum Pangandaran or other remote field locations may be at increased risk of illness or injury by virtue of living under field conditions in the tropics and engaging in activities that may be strenuous or physically demanding. There is risk from encounters with venomous (lethal) snakes, and other dangerous flora and fauna. Travel to/through certain areas may place participants at risk for malaria, various parasitic or fungal infections, or other diseases (e.g., tuberculosis, Japanese encephalitis, dengue fever, dysentery, cholera, typhoid fever, rabies, hepatitis A, B, C, etc.). There also may be various health risks associated with pre-trip immunizations and malaria prophylaxis (consult your physician for assessment of the risks). Prompt medical or dental attention may be difficult to obtain if an emergency arises (possibly several days from field location to clinic or hospital). Further, the medical attention may not be at the standards of U.S. hospitals (e.g., level of blood screening is unknown). Participants involved with nonhuman primates may be at increased risk of contracting various bacterial or viral diseases (e.g., Herpes B Virus).

SECTION 2: Assumption of Risk and Consent for Treatment for Adult Study Abroad Participants

In conducting academic programs and exchanges abroad, Central Oregon Community College

(COCC) makes every effort to inform participants of the potential risks involved in study abroad programs. However, the College is not able to assume responsibility for damage to or loss of property, personal illness, injury, or death of a participant while in this program or as a result of involvement in the program. We require each applicant to read and sign the following statement as an indication that the College's position is understood and accepted.

I acknowledge that there are risks inherent in my participation in any study abroad program beyond the control of Central Oregon Community College, including but not limited to those indicated above in Section 1 and in any supplemental documents.

Despite all of the risks, I choose to participate in and agree, on behalf of myself and my estate, to assume all of the risks of my participation in this study abroad program. I also agree, on behalf of myself and my estate, to assume all risks of any personal trips and activities, including but not limited to weekend excursions, social activities, and the use of drugs and alcohol, undertaken by me at my own initiative during travel to (before) and from (after) and during the program. Should I choose to terminate prematurely my participation in this study abroad program, I agree to assume all potential risks involved and I release COCC and associated staff from any responsibility therein.

I certify that I am able, with or without disability accommodation, to participate in and meet the expectations of this study abroad program and it is my intent to do so. If I need accommodation, due to a disability, I understand it is my responsibility to make such arrangements in advance in coordination with COCC's Services for Students with Disabilities Office and the CIFS Program Coordinator, and/or partner university.

I acknowledge that Central Oregon Community College does not provide (i.e., pay for) health, accident, or emergency evacuation insurance for participants in the study abroad program and that I am required to obtain international health, accident, and evacuation insurance coverage that will be in effect throughout the duration of my participation in the Indonesia Field Study Program. Further, I agree to be financially responsible for any and all medical and/or evacuation expenses incurred by me during the duration of the program, including while traveling to and from the program. I acknowledge that COCC will not pay for any of these expenses.

I (*COCC student*) understand that I am required to purchase insurance coverage that provides the level of coverage as required by Central Oregon Community College (see Appendix 1). If accepted to the CIFS-Indonesia Field Study Program, I will consult with the Program Coordinator about insurance plan options.

I understand that the CDC recommends that prior to traveling abroad, I see a healthcare provider who specializes in travel medicine in order to obtain needed medication(s) and/or vaccination(s) as well as information about how to protect myself from illness and injury while traveling. I understand that it is recommended that I see a healthcare provider at least four to six weeks prior to traveling abroad to allow time for the vaccines to take effect and to start taking prophylactic medication, if needed. Additionally, some vaccines must be given in a series over a period of days or weeks. Even if I have less than four weeks before departure, I understand that it is still recommended that I see a healthcare provider for needed vaccines and medications as well as information about how to protect myself from illness and injury. Furthermore, I understand that some countries require proof of vaccinations as a condition of entry. I acknowledge that it is my own responsibility to obtain any and all necessary vaccinations and/or medications prior to travel and that any and all consequences of not doing so, including, but not limited to contracting a disease, suffering other health consequences, and/or being denied entry to the country, will be solely borne by me.

I will notify the Program Coordinator/Faculty Sponsor in writing if I have medical conditions about which medical personnel should be informed. Should I require medical treatment as a result of accident or illness arising during the study abroad program, I consent to such treatment. I further authorize the CIFS Program Coordinator and the other program coordinators of the study abroad program to contact my physician for consultation, as needed, in the event they determine that I may need emergency medical treatment. I also acknowledge and agree that I may be required to be evacuated from the program in the event that a medical condition leads medical professionals, the Program Coordinator, and COCC Officials to consider it necessary.

I acknowledge and agree that nothing in the foregoing statements shall be construed as creating any obligation or duty on the part of COCC or the Indonesian counterpart to obtain medical care on my behalf.

I also understand that the Code of Student Rights and Responsibilities at Central Oregon Community College, and all applicable local, national, and international laws, apply to all program participants. Violation of the conduct code or local, national, and international laws may result in immediate dismissal from the program.

Print Name

Signature

Date

SECTION 3: (General information)

- To request disability accommodations for this field study program, please contact the office of Services for Students with Disabilities, located downstairs, on the lower level of the Barber Library, at least **60** days in advance of the trip by calling 541-383-7583, or email Nancy Blair-Madison, Office Assistant, at nmadison@cocc.edu to schedule an appointment. Website: <https://www.cocc.edu/departments/disability-services/>
- Travel health consultation and immunizations may be obtained through your primary health care provider.



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TERMS OF PARTICIPATION

Central Oregon Community College expects its study abroad programs to be uniquely educational and positively transformative experiences. Participants have responsibilities to each other, as a community of learning, and to their hosts, as representatives of Central Oregon Community College, to prepare for the experience and act appropriately while abroad. The Center for Indonesian Field Study expects that all participants will:

- Be culturally sensitive and respect the people, customs and lifestyles of the host country.
- Exercise good judgment and stay informed about health, crime, safety, political, and other issues in the host country.
- Maintain sufficient funds to meet all financial obligations related to the program including, but not limited to tuition, food, transportation, passport, immunizations, and medical insurance.
- Participate in mandatory orientations and complete all forms and procedures as instructed by COCC and host university staff.

WITHDRAWAL & REFUND POLICY

Request for withdrawal from the program must be **made in writing** to the Program Coordinator via email or post.

Your official withdrawal date is the date your written request for withdrawal is received by the Center for Indonesian Field Study office.

1. If notice of cancellation* is given or withdrawal is received 60 or more days prior to the beginning of the program in Indonesia (i.e., on or before 22 May 2023), the total amount of the program payment will be refunded. Withdrawn or cancelled students will be given the opportunity to travel again the following year and will not have to pay a new deposit.

2. If notice of cancellation* is given or withdrawal is received less than 60 days prior to the program commencement in Indonesia (i.e., 22 May 2023), all program payments will not be refunded. Students needing to withdraw will be given the opportunity to travel again the following year.

3. No refunds will be made for withdrawals occurring once the program begins.

**cancellation can occur due to unforeseen political, economic, public health/pandemic, security issues and/or natural disasters*

I understand these *Terms of Participation* and the *Withdrawal & Refund Policy*.

Name Signature Date

Name Signature Date



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Central Oregon Community College Inaugural Field Course at Cagar Alum, Pangandaran INDONESIA FIELD STUDY PROGRAM 2023

RELEASE FORM I

In conducting academic programs, Central Oregon Community College makes every effort to protect the welfare and safety of the participants. However, the College is not able to assume responsibility for damage to or loss of property, personal illness or injury, or death of a participant while in this program. We require each applicant to sign the following statement as an indication that this position is understood and accepted.

----- **RELEASE** -----

I hereby release Central Oregon Community College and its officers and agents from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of any travel or activity conducted by or under the control of Central Oregon Community College.

Applicant's Name (Print or Type)

Applicant's Signature

Date



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RELEASE FORM II

In conducting academic programs, Central Oregon Community College makes every effort to protect the welfare and safety of the participants. However, the College is not able to assume responsibility for damage to or loss of property, personal illness or injury, or death of a participant if the participant chooses to engage in nonprogrammatic activities. We require each applicant to sign the following statement as an indication that this position is understood and accepted.

----- **RELEASE** -----

I hereby release Central Oregon Community College and its officers and agents from any and all claims and causes of action for damage to or loss of property, personal illness or injury, or death arising out of any nonprogrammatic travel or activity.

Applicant's Name (Print or Type)

Applicant's Signature

Date



KEMENTERIAN PENDIDIKAN DAN KEBUDAYAAN
PUSAT STUDI SATWA PRIMATA
Lembaga Penelitian dan Pengabdian kepada Masyarakat
Institut Pertanian Bogor
Primate Research Center – IPB University
Jalan Lodaya II No. 5 Bogor 16151
Telepon.+62-251-8320417, 8313637 Fax. +62-251-8360712

RELEASE FORM

IPB University and the Pusat Studi Satwa Primata (PSSP) at IPB makes every effort to protect the welfare and safety of the participants from Central Oregon Community College or other American or foreign Universities participating in the COCC Indonesia Field Study Program. However, IPB and PSSP are not able to assume responsibility for damage to or loss of property, personal illness or injury, or death of a participant while in the Indonesia Field Study Program or as a result of involvement in the program. We require each applicant to read and sign the following liability release statement as an indication that the position put forth by IPB and PSSP is understood and accepted.

RELEASE

I hereby release the Pusat Studi Satwa Primata, IPB University, and all respective officers and agents from any and all claims and causes of action for damages to or loss of property, personal illness or injury, or death arising out of either any travel or activity associated with participation in the Indonesia Field Study Program, or if the participant chooses to engage in nonprogrammatic activities.

Applicant's Name (Print or Type)	Signature of Applicant	Date
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Photo/Video Consent Form

I agree to be a model for one or more photographs to be taken by representatives of Central Oregon Community College. I understand that such photographs will be used by COCC in or for various publications, advertisement displays and in similar ways. I also understand that the photographer will retain a copy of such photographs for his or her portfolios, but will not be able to use such photographs without the approval of COCC. I understand that I will receive no compensation for my time and services and waive all personal rights to such photographs.

I AGREEE to have my image used by COCC

Signature

Print Name

Date

I DECLINE to have my image used by COCC

Signature

Print Name

Date

Appendix 1: Example policy required for STUDY ABROAD INSURANCE COVERAGE

SCHEDULE OF BENEFITS:

All Coverages and Benefits are in U.S. Dollar Amounts

Cancel for any reason (CFAR) coverage	Must be purchased within 10 – 21 days of making your initial trip payment (depending on the company).
COVID medical coverage	\$100,000
Quarantine, Lodging or Accommodation Expenses	\$4,000
Emergency Sickness Medical Expense Dental Expenses as the result of a Sickness	\$500,000 per Person per Occurrence Up to \$250
Emergency Accident Medical Expense Dental Expenses as the result of an Accident	\$500,000 per Person per Occurrence Up to \$2,500
Contraceptive Services	Up to \$50 per Person per Trip
Preventative Cancer Screenings Up to Medical Maximum Accidental Death & Dismemberment Aggregate Limit per Accident	\$10,000 per Insured \$100,000
Accidental Death & Dismemberment Common Carrier (Air Only) Aggregate Limit per Accident	\$25,000 per Insured \$250,000
Elective Abortion	Up to \$300
Therapeutic Termination of Pregnancy	Up to Medical Maximum
Emergency Medical Evacuation Medically Necessary Repatriation	Up to \$250,000 per Person per Occurrence
Repatriation of Mortal Remains	Up to \$50,000 per Person per Occurrence
Visit by Family Member or Friend	Up to \$20,000 maximum, to include meals & accommodations not to exceed \$500 per day - per Person per Occurrence
Return of Dependent Children	Up to \$5,000 per Person per Occurrence

Visit by Family Member or Friend due to Felonious Assault	Up to a max of \$5,000, to include meals & accommodations not to exceed \$500 per day, up to a maximum of 5 days - per Person per Occurrence
Necessary Repatriation due to Felonious Assault	Up to \$500,000 per Person per Occurrence
Political Evacuation	Up to \$100,000 per Person per Occurrence
Natural Disaster Evacuation	Up to \$100,000 per Person per Occurrence
Aggregate Benefit any one Occurrence (only applies to Political Evacuation and Natural Disaster Evacuation)	\$500,000

a) Effective Date of Coverage

All coverages will take effect at 12:00:01 A.M. local time, at your location, on the Scheduled Departure Date as stated on your issued ticket.

b) Expiration Date of Coverage

All coverages will end at 11:59:59 P.M. local time on the date that is the earliest of the following:

- The Scheduled Return Date as stated on the travel tickets.
- The date you return to your origination point if prior to the Scheduled Return Date.
- The date you leave or change Your Trip (unless due to unforeseen and unavoidable circumstances covered by the EOC).
- The date you cancel Your Trip.
- Three hundred sixty-five (365) days after the start of Your Trip.