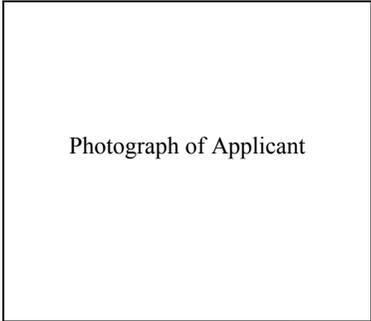




JFI 5 APPLICATION

Deadline December 24, 2012



GENERAL INFORMATION

First Name		Last Name			
Address			Zip Code	Home Telephone #	
City			Gender Female _____ Male _____		
Student Email		Age	DOB	Student Cell #	
Parent 1 Email		Profession		Work Telephone # Cell #	
Parent 2 Email		Profession		Work Telephone # Cell #	
Have you ever visited Israel? YES _____ NO _____					
Do you plan on applying for need-based scholarships? YES _____ NO _____					
Public/Private School		Grade as of September 2012 10th _____ 11th _____ 12th _____			
Synagogue Affiliation		Age of sisters		Age of brothers	
Please check all that apply. In Modi'in, I will require: Kosher Home _____ A Shabbat-Observant Home _____					

MEDICAL INFORMATION

Allergies	Medications
Diet	
Illnesses	Are you a Vegetarian? YES _____ NO _____
Please list any additional medical issues that might prevent you from participating fully on the Journey for Identity Program:	

**Personal Information: Please answer all questions to the best of your ability.
This information will be used to help match accepted participants to their Israeli Partner.**

CHECK YOUR INTERESTS

- | | | | | | | | |
|------------|--------------------------|--------------------|--------------------------|---------------------|--------------------------|---------------|--------------------------|
| Basketball | <input type="checkbox"/> | Fitness | <input type="checkbox"/> | Reading | <input type="checkbox"/> | Hiking | <input type="checkbox"/> |
| Soccer | <input type="checkbox"/> | Dancing | <input type="checkbox"/> | Singing | <input type="checkbox"/> | Music | <input type="checkbox"/> |
| Swimming | <input type="checkbox"/> | Cinema, Movies | <input type="checkbox"/> | Watching TV | <input type="checkbox"/> | Camping | <input type="checkbox"/> |
| Football | <input type="checkbox"/> | Being with friends | <input type="checkbox"/> | Snowboarding/Skiing | <input type="checkbox"/> | Skateboarding | <input type="checkbox"/> |
| Computers | <input type="checkbox"/> | Computer games | <input type="checkbox"/> | Horseback riding | <input type="checkbox"/> | | |

Others: _____

Do you play a musical instrument? If so, what instrument? _____

Do you have a pet (dog, cat, etc.)? Yes No

Do you have a problem living in a family with pets? Yes No

JEWISH COMMUNITY BACKGROUND: Describe your involvement in Jewish activities (youth group, religious school, day school, Bar/Bat Mitzvah, confirmation, camps, leadership experience, etc.).

OTHER ORGANIZATIONS AND ACTIVITIES: List other activities such as school, community, sports, and extra-curricular. Describe your hobbies and special interests.

PERSONAL ACHIEVEMENT: Describe personal achievements that are important to you, including any honors, awards, or offices you have held.

WORK/VOLUNTEER EXPERIENCE: List full or part time job experience and/or community service activities, with dates. Briefly describe your responsibilities.

WHY DO YOU WANT TO PARTICIPATE IN THE JOURNEY FOR IDENTITY PROGRAM? WHAT DO YOU HOPE TO GET FROM THE EXPERIENCE? *(Please answer in 200-350 words, and if you need more space, please continue on a separate sheet.)*

QUESTIONS FOR PARENTS

Please ask your parent or guardian to complete the questions on this page.

The JFI experience presents a wonderful opportunity for your teen to grow personally and spiritually. Your teen will experience the excitement that comes from learning about cultures that are both new and familiar at the same time, sharing each experience with a new-found “sibling,” and exploring his/her Jewish identity in profound and meaningful ways. JFI exposes participants to a myriad of inter/intrapersonal challenges including being away from home, negotiating many new relationships, and intimately confronting the horrors of the Holocaust. We want to be in the best possible position to fully and sensitively support your child during this trip. Your answers to the questions below will be very helpful to us.

Please tell us about your teen’s strengths related to leadership skills, interpersonal skills, and group skills.

What are you most proud of about your teen?

What types of interpersonal situations might be challenging for your child? How do you know when he/she is stressed, and what strategies are effective to help your teen at these times?

Questions for Parents (continued)

Has your child ever been suspended from school and/or been refused permission to participate in a school activity? If so, please explain.

Please share with us any additional information that would help us to enrich your child's experience.



Jewish Federation
 OF GREATER ROCHESTER
 441 East Avenue
 Rochester, NY 14607-1983
 www.JewishRochester.org

Journey for Identity Emergency Contact Form

RETURN TO:
Jewish Federation
441 East Avenue
Rochester, NY 14607
Fax: (585) 241-8689

PLEASE USE BLACK INK!! Please be kind: print clearly! Thank you!

Dear Parents or Guardians:

We would like to know where you can be reached while your child is away. Will you please list below your addresses and telephone numbers (home, business, vacation) for the time involved: from the time your child leaves home to the date of his/her arrival home. If you plan to be on vacation anytime during this period and know at this time where you will be, please give us the address and phone number there, too. If you will be unable to be reached quickly at any time, be sure to give us the name & number (both home & business) of 2 responsible adults for the period you cannot be reached. We would also like to have the name, address and telephone number of your family physician. If this information should change at any time, please drop us a note to up-date the information. If your summer travel plans are not known when this form is completed, please send us a note detailing your whereabouts for your child's file. Thank you.

1) FULL NAME(S) OF PARENT/GUARDIAN	HOME ADDRESS/TELEPHONE (include zip/area code)	BUSINESS ADDRESS/TELEPHONE (include zip/area code)
NAME: _____	_____	_____
Cell Phone: _____	Home Phone: () _____	_____
	Address: _____	() _____
NAME: _____	_____	_____
Cell Phone: _____	_____	_____
	_____	_____

2) During our child's program, I/we can be reached at the following addresses from _____ until _____.

_____	_____
_____	_____
_____	_____

3) If we are not reachable, please contact:

_____	_____	()	()
Name	Relationship to Participant	Home Phone	Cell Phone
		()	
		Work Phone	
_____	_____	()	()
Name	Relationship to Participant	Home Phone	Cell Phone
		()	
		Work Phone	

4) The name, address and telephone number of the participant's physician is:

Name & Complete Address of Physician _____

_____ Telephone Number

APPLICANT'S NAME (Please print): _____

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION

Journey for Identity Code of Conduct

1. Participants must attend and be on time to all JFI programs throughout the entire program.
2. All food provided by the JFI program will be certified Kosher. Participants may buy food on their own with their own money.
2. Participants are not permitted to leave the group at any time without the permission of a JFI staff person.
4. While in hotels, participants who wish to socialize during free time or after the program day has ended may do so only in pre-arranged meeting rooms.
5. During JFI we will be staying in business hotels with other guests. Therefore while in the hotel you are required to keep the noise level down.
6. Curfew will be determined each evening by the JFI staff at the conclusion of the scheduled activities. In the event of a late (after 11pm) arrival at the hotel, curfew will be 60 min after arrival. At the designated curfew time, all participants are expected to be in their own rooms.
7. If students are found smoking, drinking, doing drugs, involved in sexual activity, damaging or defacing property, or any other illegal activity, it will be considered a major infraction and the participant(s) involved will call their parents in the presence of a JFI staff person and may be sent home at the financial expense of the family.
8. If the infraction happens at any time during the JFI program, the student may be sent home at the discretion of JFI staff in consultation with the Jewish Federation and Modi'in professional staff. If it is decided the participant will not be sent home, he/she will not participate in free time activities for the remainder of the program.
9. If a situation arises where JFI staff strongly suspects that a major infraction has occurred but are unable to determine if the possession or use of drugs, alcohol, theft, weapons or defacement of property has occurred, students who are present in the room or situation will call their parents in the presence of JFI staff. This call will occur either in the evening or the next morning depending on when the situation happens. JFI staff will initiate the call explaining the suspicious situation and then the participant will speak with his/her parent and their role or non-role in the circumstance. Any disciplinary action will be taken by the JFI staff in consultation with the Jewish Federation and Modi'in professional staff.

Participant Name _____ Participant Signature _____

Parent Name _____ Parent Signature _____

THIS FORM MUST BE RETURNED WITH YOUR APPLICATION

REFERENCE FORM

Applicant's Name _____

Date _____

Instructions to applicant: Please pass on this form to two separate individuals to serve as references for you. We suggest providing one reference from the Jewish community and the other from your school, extra-curricular activities, job, volunteer work, etc. Please ask the references to scan and email or fax this form with their letter to akoffman@jewishrochester.org or (585) 241-8689, respectively. You may also provide your references each with a self-addressed stamped envelope, directed to: Jewish Federation, Attn: Aileen Koffman, 441 East Avenue, Rochester, NY 14607.

Instructions to reference: The person named above has applied to represent the Greater Rochester Jewish community in the *Journey for Identity* Program. The selection process attaches considerable weight to the statements made by the applicant's reference. Your time and help in this process are greatly appreciated. Please answer the questions below and return the letter either by email (akoffman@jewishrochester.org) or fax (585-241-8689), or in the envelope provided.

Program information: A major element of the partnership between Rochester and Modi'in, *Journey for Identity* is a three and a half week experiential program for 10-15 Jewish teens from Greater Rochester and an equal number of Jewish teens from Modi'in, Israel. The program will run in July-August 2013 with coordination by trained professionals from both communities. The program includes:

- 6 days of interactive learning in the US about the Holocaust, and an appreciation for Jewish life in the American Diaspora;
- 7 days of visits to Jewish community centers in Poland and concentration and extermination camps, and discussions with Polish Holocaust survivors and rescuers and their descendants;
- 9 days of visits to major sites throughout Israel and a deeper understanding of the significance of Israel as the Jewish homeland and the spiritual/cultural center of Judaism.

Reference information: Please answer the following questions in your reference letter:

- 1) For how long and in what capacity have you known the applicant?
- 2) What are the applicant's primary interests and strengths?
- 3) Comment on the applicant's relationship with peers; does he/she show concern for others?
- 4) How has the applicant shown an interest in community affairs and/or Jewish issues?
- 5) Comment on the applicant's dependability, maturity, and flexibility.

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