







## **Project Tikvah 2017**

All Paperwork is due by Monday, April 03, 2017. All payment (\$350) is due by April 28th, 2017.

Teen Information	Teen's Name		E-mail Address						
	Grade		Sch	School			Birthday		
	3.000							<u> </u>	iday
		Address				С	ity	L	Zip
	Home Phone					Cell Phor	ie	'	
Parent/Guardian Information	Parent Name			E-mail Address					
	Home Phone			Cell Phone					
		Parent Name			E-mail Address				
ıardi									
t/Gu	Home Phone			Cell Phone					
arer									
Pe	Teen Lives With:								
	Medica	al Insurance Company	Policy I	Number	(Please	submit a copy of	your insura	ance card	)
ıformation		Name of Insured			Doctor's	s Name	Doctor	r's Phone	Number
	Emergency Contact				Relationship				
a L									
Emergency and Medical Information		Home Phone			Cell Ph	none	<u> </u>	Nork Pho	ne
	Allergies				Dietary Restrictions (Kosher, Vegetarian, etc.)				
nerg	Major Illnesses/Medications Taken								
П									
	My child may be given any of the following over the counter medications:								
	Tylenol Advil/Motrin Other (specify)								

# **Applicant Experience**

Please answer each question honestly and thoroughly. Each answer should reflect why you are interested in participating in Project Tikvah. You may submit your answers in a separate word processed document with your completed application.

Why is social justice important to your Jewish identity?					
ticipate in. These may inc	lude JTI programs, Jewish light camp, enrollment in Je	nd social activities that you have or currently par- Student Connect club, youth group member- wish day school, synagogue, volunteer, or other			
3. Please complete the fo	llowing sentences:				
a) I would describe myse	elf as:				
b) People think I am:					
4. What aspects of Jewis	h life do you strongly conne	ct with?			
5. What interests you mo	st about participating in Pro	ject Tikvah?			
	Refere	nce			
ence. We require one reing qualified participant	ference for applicants as	evant social justice service learning experi- Project Tikvah is a selective program seek- arning. Please include the name, email, and ttached. Thank you!			
Name of Reference	 Email				









#### Project Tikvah 2017 Code of Conduct

The following set of guidelines must be followed throughout the Project Tikvah program. They will be strictly enforced.

#### A signed copy of this Code of Conduct is required to participate in the program.

I will promote the creation of a community based on mutual respect and a sense of personal well-being. I will treat others with *kavod* (honor and respect). I will read the following rules, designed to promote the health and safety of all event participants, and have indicated my complete acceptance by my signature and that of my parent/guardian.

- 1. I will not possess, consume, or distribute alcoholic beverages.
- 2. I will not possess, use, or distribute any illegal drug or drug paraphernalia.
- 3. I will not smoke or consume or distribute tobacco products at any time during the event.
- 4. I will attend and participate fully during the event, unless otherwise agreed upon with the Project Tikvah staff. I will be on time, stay until the end, and remain on the event premises at all times.
- 5. I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.
- 6. I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult leadership will not be tolerated. I understand that I will have to pay for any damage that I cause.
- 7. I understand that no guests are allowed at any part of the trip, unless Project Tikvah staff grants permission in advance, and that any unauthorized guests will be asked to leave immediately.
- 8. I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning, or hurtful.
- 9. As a means of respect and for the well-being of the community and myself, I agree to refrain from inappropriate sexual behavior.
- 10. I agree to abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of their violation.
- 11. I agree to observe Kashrut during all scheduled activities.
- 12. I will participate in Project Tikvah and treat it as a group experience by adhering to the rules and itinerary of the group, and am responsible for following the instructions of the staff.

I understand that these rules of behavior apply from the time I arrive on Sunday, June 4, 2017 when the program starts, during the event itself, and until I return home after the program ends on Thursday, June 8, 2017. I understand that part of the Project Tikvah experience involves activities, group living arrangements and interactions that may be new to my teen. These experiences come with certain risks and uncertainties beyond what my teen may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my teen. I realize that no environment is risk free and I have instructed my teen on the importance of abiding by the Project Tikvah Code of Conduct. My teen and I both agree that (s)he is familiar with these rules and will obey them. We further understand that sanctions imposed by the Project Tikvah staff for violation could include immediate expulsion from the program, at the expense of the parent or guardian. My signature, and the signature of my parent/guardian affirm my agreement to the rules and policies of Project Tikvah and this Code of Conduct.

Teen Signature	Parent/Guardian Signature	Date

#### **TEEN COMMITMENT:**

The following criteria are mandatory for your participation on Project Tikvah:

- Attend all pre-trip meetings at the Jewish Federation of Palm Beach County on the following dates: (TBD)
- Commit to participating in all events and programming during the service project in June (June 4-8, 2017)
- Participation in ALL group activities during Project Tikvah (June 4-8, 2017)
- Comply with all rules and regulations outlined in the Project Tikvah Code of Conduct (attached)

I have read the obligations for participating in Proessary to fulfill my responsibilities.	eject Tikvah. I will devote the time and energy nec-
Signature of Applicant	 Date
<ul> <li>participant in the Jewish Federation of Palm Beat Trip. Responsibilities and expectations of all participant.</li> <li>Attend all pre-trip meetings at the Jefollowing dates: (TBD)</li> <li>If the participant cancels between 6(program, 50% of your payment will be refunded.</li> <li>If a participant cancels with less that your payment will be refunded.</li> <li>Commit to participating in all post-trip of Tikvah (June 4-8, 2017)</li> </ul>	ewish Federation of Palm Beach County on the (six) and 4(four) weeks prior to the start of the
I have discussed the above obligations for particip hereby give permission for her/him to attend Proje	oation in Project Tikvah with my daughter/son, and I ect Tikvah.
Signature of Parent or Guardian	 Date









### **Project Tikvah Reference Guidelines**

# PLEASE LOOK OVER THE FOLLOWING GUIDELINES WHEN SELECTING YOUR REFERNECE

Thank you for applying to participate in Project Tikvah. We are looking for qualified candidates to attend this year's service project.

#### Please consider the following:

- Select an individual who can speak on behalf of your character and accomplishments.
- Please notify your reference that we will be contacting them via phone or email after April 03, 2017.

Completed applications must be received by **April 03, 2017**. You may submit your application via email to <a href="martin.volinsky@jewishpalmbeach.org">martin.volinsky@jewishpalmbeach.org</a>, or fax to (561).681.3514. You may submit your application in advance by email (preferred) or mail it directly to:

Martin Volinsky, Jewish Life Program Coordinator The Jewish Teen Initiative Jewish Federation of Palm Beach 4601 Community Drive West Palm Beach, FL 33417

Phone: 561, 242, 6614