



# AMERICAN JEWISH SOCIETY FOR SERVICE

## APPLICATION FOR SUMMER 2009

### Financial Information

The 2009 tuition for AJSS is \$3,600. This covers the cost of the program, lodging, all meals, transportation during the summer program and various fees related to recreation and other activities. The cost of AJSS does not include airfare to the project site.

An additional \$250 in spending money is also suggested which covers personal and incidental items, occasional extra meals and snacks when traveling on weekends and fees for certain recreational activities.

### Payment Policy

A \$50 non refundable fee is required with the application. In order to hold your space, a deposit of \$500 is to be paid within 3 weeks of acceptance into the program. The remainder of the tuition is due on March 15.

**Please contact us if you have any special circumstances regarding payment.**

Cancellations must be made in writing. The following cancellation schedule applies:

After March 15	\$500 is withheld
After May 15	\$1000 is withheld
June 1- Departure:	No Refunds

### Full Participation

Participants are required to participate in the full six-week program.

AJSS's projects are pluralistic communities, bringing together teens across the spectrum of Jewish affiliation and observance. Please let us know if you observe Jewish dietary restrictions, or choose not to drive on Shabbat, so that we may accommodate your needs.

### Health

Participants are required to undergo a recent and complete physical in order to participate in the program. The mandatory medical forms will be sent to you upon acceptance to the program. The forms must be signed by the participant's physician. Parents and participants are responsible for reviewing all medical forms before submitting them, to ensure that the required information has been entered correctly and signed by the appropriate parties. All required medical information must be submitted by April 15, 2009.

### 2008 Program Dates

Sunday, June 28 – Friday, August 7, 2009

Please send by mail to:

**American Jewish Society for Service, Inc.**  
 10319 Westlake Blvd, Suite 193  
 Bethesda, MD 20817  
 301.767.3930  
[www.ajss.org](http://www.ajss.org)

*(Please complete Informational Questions for Parents and Participants as well)*

Applicant Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Email \_\_\_\_\_ School Attending \_\_\_\_\_

Male  Female Current Grade:  10  11

Applicant lives with:  Father  Mother  Both  Other

1st Parent/Guardian \_\_\_\_\_ 2nd Parent/Guardian \_\_\_\_\_

Home Address (if different from above) \_\_\_\_\_ Home Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State/Zip \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Please check here if you would like to receive information about financial assistance.

**Payment Options:** Enclosed is my \$50 deposit (check one):

Credit card  Personal Check Checks must be made payable to **American Jewish Society for Service.**

American Express  Master Card  Visa Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_ Card Number \_\_\_\_\_

Authorized Signature (Required) \_\_\_\_\_

**Full payment due on or before March 15, 2008**

**AJSS has a policy of zero tolerance with regard to tobacco use, alcohol consumption and the use of illicit drugs. Anyone violating this policy will be sent home immediately. Any costs incurred will be paid by the parent/guardian.**

I understand I/my child must abide by AJSS's policies. Possession or use of firearms, tobacco, alcohol, drugs or controlled substances not prescribed by a physician are prohibited. I understand that AJSS has the right to expel without refund any participant who violates any regulation, creates a risk to the health and safety of others, or whose presence threatens the best interest of the program.

My child is physically fit and has no condition or disease which would create a risk or hardship for my child or others. I will submit the medical forms and release by the due date. I understand current immunizations and medical insurance are required.

Unless otherwise informed in writing, the American Jewish Society for Service, has my permission to use my child's pictures, images and video footage in promotional materials.

We/I hereby apply for enrollment of my child for his/her participation in AJSS and agree to all terms of payment. We/I agree to all of the above and understand that failure to comply will jeopardize participation in the AJSS program.

1st Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ 2nd Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*(both signatures required unless one parent or guardian has FULL custody)*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_



Please answer the following questions in the space below or on a separate sheet of paper.

### Informational Questions - Parents

Name of Parent completing this questionnaire (please print): \_\_\_\_\_

1. What do you hope your child will gain from an AJSS summer experience?

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2. What do you feel will be the biggest challenge for your child this summer and how might we help you/your child face this challenge?

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3. Are there any concerns about your child's behavior at home or at school? Has your child ever been expelled or suspended from school or programs similar to AJSS?

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4. In order to ensure that each child has the most successful summer possible, full disclosure of any medical or psychological conditions is essential. Please describe any medical or psychological condition(s) or other, that your child is currently being treated for, or other needs that might require our special attention. Please list all medications your child is taking. If you wish to discuss these matters by phone, don't hesitate to call.

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5. Is there any additional information we should know to help make your child's experience successful?

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6. Please provide the names and ages of other children in your family:

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7. How did you hear about AJSS?  Former AJSS Volunteer (please list) \_\_\_\_\_

Internet

Synagogue or youth group

Camp Fair

Thank you!

Please answer the following questions in the space below or on a separate sheet of paper.



### Informational Questions – Volunteer

Name (please print): \_\_\_\_\_

1. How have you spent the past three summers?

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2. What makes you interested in participating in an AJSS summer program?

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3. What aspects of Judaism are important to you and why?

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4. List and describe your extracurricular activities (synagogue youth group, school clubs, sports, etc.), hobbies and special interests. How might they contribute to your summer experience?

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5. Have you had any prior experience with social action or volunteer work? Please elaborate.

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**AJSS has a policy of zero tolerance with regard to tobacco use, alcohol consumption and the use of illicit drugs. Anyone violating this policy will be sent home immediately. Any costs incurred will be paid by the parent/guardian.**

6. How did you hear about AJSS?  Former AJSS Volunteer (please list) \_\_\_\_\_  
 Internet  Synagogue or youth group  Camp Fair

Thank you!



# AMERICAN JEWISH SOCIETY FOR SERVICE RECOMMENDATION FOR SUMMER 2008

Applicant, please print out and give this form to 2 individuals who know you well, (clergy member, educator, teacher, youth group advisor, etc.)

Dear Reference:

\_\_\_\_\_ (name of applicant) is applying to the American Jewish Society for Service program for this upcoming summer. The AJSS is a Jewish social action and community service organization that gives teens an opportunity to put their Jewish values into action as they provide hands on manual labor for communities and individuals in need. The program is designed to develop leadership skills so that the participants can more effectively assume leadership roles in college and their full adulthood.

We would appreciate your help in evaluating this candidate. Your honest and thoughtful opinion will enable us to choose teenagers who will not only benefit from an AJSS experience but also contribute to the group experience.

AJSS has a rolling admissions policy. Please return this completed recommendation as soon as possible to:  
AJSS, 10319 Westlake Blvd, #193, Bethesda, MD 20817

This reference will be kept in strict confidence and will not be shared with the candidate.

1. AJSS volunteers need to be able to deal with group living and the challenges to personal lifestyle that this sometimes requires. In addition, our participants frequently face changing situations (modifications to work, living accommodations, etc.) that also may challenge them in different ways. Please speak to the applicant's ability to be flexible and their ability to adapt in this kind of environment.

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2. In what capacity and for how long have you known this applicant?

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3. What are the applicant's personality strengths?

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4. What concerns, if any, do you have about this applicant's suitability for an AJSS summer work project?

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Thank you!

Signature of Recommender

Date

Title/Position

Address

Telephone