



## AMERICAN JEWISH SOCIETY FOR SERVICE

10319 Westlake Blvd., Suite 193, Bethesda, MD 20817  
240.205.5940 \* 301.469.8115 fax \* www.ajss.org

### 2010 Summer of Service Information for Applicants

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**Dates of Program: Sunday, June 27 – Friday, August 6, 2009**  
Participants are required to attend the full six-week program.

#### Tuition & Other Expenses

The 2010 tuition is \$3,200. This covers the cost of the program, lodging, all meals, transportation during the summer and various fees related to recreation and other activities. The cost of AJSS does **not** include airfare to the project site. Please do not make travel arrangements until you have been contacted by us regarding destinations, timing, etc. We will help families coordinate so that volunteers coming from nearby home towns can travel to the site together. Our staff is at the airport to meet the arriving volunteers.

We suggest that your child bring an additional \$200 in spending money to cover the cost of souvenirs, snacks when traveling on weekends and an occasional contribution for more expensive recreation activities.

Please contact AJSS for more information regarding financial assistance.

#### Payment Policy

A \$50 non-refundable fee is required with the application.

In order to hold your space, a deposit of \$500 is due within 2 weeks of acceptance into the program. The balance of the tuition is due on March 31. You will receive an invoice with the payment schedule. Please contact us if you have any special circumstances regarding payment.

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

- After March 31                      \$500 is withheld from the tuition
- After April 30                        \$1000 is withheld from the tuition
- June 1- Departure:                    Full cost of the program

#### Health & Medical Information

Volunteers are required to undergo a recent and complete physical exam. The mandatory medical forms will be sent to you upon acceptance to the program and must be returned to AJSS by May 1, 2010.

A summer with AJSS can be more challenging than a typical summer camp. In order to ensure the safety and well-being of our participants, and to determine if appropriate accommodations can be provided, we require that prior to enrollment, parents inform the Executive Director, if the student has received medication, professional counseling, or treatment for an ongoing or potentially recurrent medical condition within the last 12 months. Parents must also inform the Executive Director if such circumstances occur after enrollment. We respect the confidential nature of this information and will use it during the summer only with discretion and your knowledge.

**Additional waivers from local host agencies and AJSS will be provided upon acceptance.**



# AMERICAN JEWISH SOCIETY FOR SERVICE

## APPLICATION FOR SUMMER OF SERVICE

**How did you hear about AJSS?**

Former AJSS Volunteer (please list)

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- Internet
- Synagogue or youth group
- Camp Fair

**If you affiliate with a synagogue, please list its name and address here:**

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**Please list the names of your local papers, both Jewish and secular:**

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**AJSS participants will be living together and taking care of all of their household needs, such as laundry, some meal prep and cleaning. What chores are you responsible for at home?**

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**AJSS trips will include many different physical activities, including hammering and nailing, lifting heavy objects, and other manual activities. Have you had any experience with these types of activities in the past? Construction experience is NOT required nor expected.**

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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

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

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

Address \_\_\_\_\_

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

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

Male  Female Current Grade  10  11 T-Shirt size (Adult)  S  M  L  XL

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 application fee (check one):

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

Credit card For credit card payments, go to [www.ajss.org/support](http://www.ajss.org/support) and use our paypal link.

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

**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 discuss any medical or psychological conditions(s) or other needs that might require our special attention. We will respect the confidential nature of these issues. Please list all medications your child is taking. Please note that our staff is not trained to handle students with severe emotional, physical or psychological disabilities or severe learning disabilities. 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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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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6. Working on a building site, living with a group and being away from home, can cause stress to some people. How do you react to stressful situations and what is your preferred method of dealing with stressful situations?

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Thank you!



# AMERICAN JEWISH SOCIETY FOR SERVICE RECOMMENDATION FOR SUMMER OF SERVICE

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

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2. What are the applicant's personality strengths?

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3. 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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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