

**Union for Reform Judaism
NFTY BAY AREA MITZVAH CORPS 2007**

Dates: June 28 – July 26, 2007
Cost: \$3200.00
Application fee: \$50.00 (non refundable)
Application deadline: April 1, 2007
Recommendation deadline: April 1, 2007
Applicant notification: rolling admission through late April / early May 2007

Send completed applications
with \$50.00 application fee to:
URJ Bay Area Mitzvah Corps
633 Third Avenue, 7th Floor
New York, NY 10017

I. General Information

Name: _____ Age: _____ Date of Birth: _____ Grade: '07-'08 _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Email: _____

Parent(s)/Guardian Name(s) _____ Phone: () _____

Parent(s)/Guardian cell phone: () _____ Email: _____

Congregation: _____

The above named applicant is a member of our congregation and is authorized to represent our temple at NFTY Bay Area Mitzvah Corps during the summer of 2007.

Rabbi/youth group advisor's signature: _____ Date: _____

NFTY Bay Area Mitzvah Corps

STATEMENT OF INTENT

The Following must be signed by both parent and applicant
Please Read It Carefully Before Signing

Full Participation

Participants are required to participate in the full program, Thursday, June 28 – Thursday, July 26. Any requests for exceptions to this rule must be submitted in writing with the application.

Health

Mitzvah Corps participants are **required** to undergo a complete health physical between January and June 2007. The two mandatory medical forms will become available upon acceptance to the program. **Both** forms must be signed (not stamped) by the participant's doctor. While there will be a waiver giving over responsibility to the staff, absolutely every effort will be made to contact the parents/guardian in the event of an emergency.

Refunds

Full refunds minus the non-refundable application fee will be made up to June 1, 2007. An administrative fee will be withheld if cancellation is received after June 1, 2007. **Once the program has begun, no refund will be made.**

Administration

Upon acceptance to program, participants will receive medical forms, payment forms, and other relevant materials. 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 before June 1, 2007

Participants are required to submit full payment by June 1, unless other payment arrangements are made, in writing, in advance.

WE AGREE TO ALL OF THE ABOVE AND UNDERSTAND THAT FAILURE TO COMPLY WILL HINDER PARTICIPATION IN THE MITZVAH CORPS PROGRAM.

Signed _____ Date _____
(applicant)

Signed _____ Date _____
(parent/guardian)

Signed _____ Date _____
(parent/guardian)

Recommendation Form for NFTY Bay Area Mitzvah Corps 2007

Name of Applicant: _____

Applicant, please give this form to your Rabbi or Youth Advisor.

Rabbi and/or Youth Advisor: A member of your congregation is applying to the 2007 NFTY Bay Area Mitzvah Corps Program in the Bay Area. We would appreciate your assistance in helping us evaluate the candidate. Your frank, honest opinion will be more helpful to us than the "usual praise". Your candor will enable us to select young adults who will both thrive on and make significant contributions to Mitzvah Corps.

Please return your completed recommendation by **April 1, 2007**, to:
Union for Reform Judaism, NFTY Bay Area Mitzvah Corps, 633 Third Avenue, 7th Floor, New York, NY 10017

This reference will be kept in strict confidence and not be made to the candidate.

For how long and in what context have you known the applicant?

Participants on the Mitzvah Corps program should be able to deal with group living and the compromise to personal lifestyle this sometimes requires. Additionally, they are required to face ever-changing situations, which may provide new personal challenges for them. How would you assess the participant's ability to deal with a rapidly changing environment?

What do you feel are the applicant's personality strengths?

Over please

What concerns would you have if this applicant were a participant in the Bay Area Mitzvah Corps program this summer?

Signature of Recommender: _____

Date: _____

Congregation: _____

Name (print) and position: _____

Address: _____

City: _____ State: _____ Zip: _____ Day Phone: _____

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