

Jewish Family Service Because We Care

Jewish Values in Action Teen Leadership Program Application

Over the past five years, Because We Care has connected Jewish youth with opportunities to engage in service for meaningful change through flexible, educational Bar and Bat Mitzvah service opportunities. Monthly mitzvahs are rotating, hands-on service opportunities that benefit Jewish Family Service clients. Participants can sign up to engage in service that connects them to needs in our community, while providing an education about the supports offered through JFS and our partners.

New this year to the Because We Care program is the Jewish Values in Action Teen Leadership program. The purpose of this program is to provide teens with an opportunity to:

- Plan and execute 5 service oriented programs that benefit their community throughout the 2019-2020 school year
- Teach and impart Jewish values to their younger peers
- Develop leadership and communication skills
- Model the importance and value of volunteering and the impact it has on our community
- Learn more about the people in the community that Jewish Family Service serves and help meet their needs in a tangible and meaningful way.

Program Expectations:

- Attend pre-event planning meetings
- Attend all Because We Care Mitzvah program events (total of 6, held on Sundays)
- At the completion of the school year, Teen Leader MUST attend an exit interview with staff of the Because We Care Program.

**** Upon successful completion of all program expectations, participants will receive a \$150 stipend***

Selection Process:

- Applicants must fill out the application **completely** and return the application to Erin Lederman by **Monday, August 26, 2019** (elderman@jfsdetroit.org)
- Applicants must be available to volunteer all their assigned program hours with the exception of approved time-off requests.
- All applicants must be entering their Junior or Senior year of High School.
- All applicants will have interviews set up starting the week of September 2, 2019.

Schedule:

September, 2019 Teen Leader planning day with Because We Care staff

Late September TBD Planning meeting for Sukkot Family Festival

Sunday, October 20, 2019: 12-2:00 p.m. Sukkot Family Festival

End of October planning meeting for Fall Fix Up

Sunday, November 10, 2019: Fall Fix Up TBD

Mid-November Planning meeting for Hanukkah Helpers

Sunday, December 8, 2019: 1-2:30 p.m. Hanukkah Helpers. This will be held at JFS

End of Dec planning meeting for the Great Challah Bake.

Sunday, January 19, 2020 1-2:30 pm. The Great Challah Bake. Held at Temple Israel

Mid-January TBD Planning meeting For Chicken Soup for the Soul

Sunday, February 2, 2020: 1-2:30 p.m. Chicken Soup for the Soul. This program will be held at Adat Shalom

Synagogue.

February TBD planning meeting for Soothing Sunday

Sunday, March 8, 2020 Soothing Sunday 1-2:30 p.m. Held at Jewish Family Service.

Teen Leaders exit meeting (Week of May 4, 2020)

Name: _____ Phone: _____

Email: _____ Date of Birth: _____

School: _____

Grade, Fall 2019: _____

Previous Volunteer/Work Experience (i.e. coach, babysitter, volunteer):

Hobbies: _____

Projected Availability (Please tell us your general availability during the school year)

| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|--------|---------|-----------|----------|--------|----------|--------|
| | | | | | | |
| | | | | | | |
| | | | | | | |

| References (Not Family Members) | Relationship | Phone Number |
|---------------------------------|--------------|--------------|
| 1.) _____ | _____ | _____ |
| 2.) _____ | _____ | _____ |

I verify by my signature below that all statements made on this application are true and complete to the best of my knowledge. I accept the rules and regulations of the Because We Care Teen Leadership program.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Please feel free to add an additional page if you need more room for your answers).

Why would you like to become a Teen Leader for the Because We Care program?

Why do you feel you are qualified to be a Teen Leader for the Because We Care program?

Briefly describe a challenge you have faced in your life and how you overcame it.

Please list your community/school involvement

I hereby certify that all statements in this application are true and complete and that any misstatement may be justification for rejection of my application.

Signature: _____ Date: _____

Because We Care Jewish Family Service
Jewish Values in Action Teen Fellowship Program
Parent Permission Form

Parent/Guardian agrees to the following:

1. **WAIVER AND RELEASE**

Parent/Guardian does hereby release, defend, indemnify and hold harmless Jewish Family Service, its affiliates, successors, and assigns ("JFS") from any and all liability, claims and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from the Child's participation in the Jewish Values in Action Teen Fellowship program.

Parent/Guardian understands that he/she is releasing JFS from any and all liability or claim that the child may have, has had or could have against JFS with respect to any bodily injury, illness, death or property damage that may result from Child's participation in the Jewish Family Service event, regardless of the cause. Parent/Guardian also understands that JFS does not assume any responsibility for or obligation to provide financial or other assistance, including but not limited to medical, health or disability insurance assistance.

2. **MEDICAL TREATMENT** Should the need arise for medical attention or treatment, including hospitalization and/or surgery, during the child's participation in the above-described activity, I hereby grant permission for my child to be treated by a qualified medical or emergency personnel at the discretion of JFS, with the cost paid solely by me.

Parent/Guardian does hereby release and forever discharge JFS from any claim whatsoever which arises or may hereafter arise on account of any first aid treatment, or service rendered in connection with the Child's participation at Jewish Family Service's events.

3. **PUBLICITY** I hereby agree and consent to the use of the photograph(s) hereinafter described for publicity purposes (including but not limited to: news releases, newsletters, brochures, reports, advertising, reproduction in print, video, electronic/web forms and exhibits), forever, and I waive all claims for compensation for such use and/or damages. Additionally, I consent to the use of any/all video footage at JFS development and marketing meetings/events, and I waive all claims for any compensation for such use and/or damages.

Student's Name: _____

Parent/Guardian Signature: _____ Date _____

Emergency Contact Name: _____ Phone Number _____

Allergies: _____