



# **UJF Israel Center Israel Community Teen Trip**

June 22<sup>th</sup> – July 8<sup>th</sup>, 2009

**SPACE IS LIMITED APPLY TODAY!**



# UJF Israel Center Israel Community Israel Teen Trip Application Guidelines - Page 1

Please retain these instructions for your reference

The *UJF Israel Center Israel Community Teen Trip* application contains several components, **all of which must be submitted before an application will be considered.** These components are:

- A. Signed Application (The application is six pages, with signatures required on pages 4 & 6)
- B. Physical Examination
- C. Letter of Recommendation (Rabbi, Synagogue Education Professional, Jewish Communal Professional, Secular Teacher or Counselor)
- E. Copy of Passport (Inside Cover Page) - Passport must be valid at least 6 months after return date
- F. Copy of Medical Insurance Card
- G. Deposit of \$200 (Nonrefundable)

## **PASSPORT**

Please make certain that your passport will be valid through January of 2010. If you require a new passport or a passport renewal, please apply as soon as possible to avoid the summer rush. Passport applications can be obtained at our local post office or courthouse. If you do not hold U.S. citizenship or if your passport is not from the USA , please contact the UJF Israel Center (858-571-3444, [israelcenter@ujfsd.org](mailto:israelcenter@ujfsd.org)) to obtain important information.

## **PHYSICAL EXAMINATION**

The physical examination must be administered after September 1, 2008. School and camp physicals administered prior to September 1, 2008 are not acceptable.

## **LETTERS OF RECOMMENDATION**

The application requires one letter of recommendation from a Rabbi, synagogue education professional or a Jewish communal professional, a secular teacher or school counselor .

The person completing the recommendation must return it directly to the UJF Israel Center. **It is your responsibility to make certain that the letter of recommendation has been received by the UJF Israel Center office.**

## **PROGRAM COST & PAYMENT INFORMATION**

The United Jewish Federation of San Diego County provides a **\$1,000 subsidy per teen reducing the participant cost to \$2,500.** The price includes round-trip airfare, lodging, meals and fees, as well as several pre-trip orientation and educational meetings.

<b>Payment Amount</b>	<b>Due By</b>
\$200	With Application
\$1,150	April 1, 2009
\$1,150 (Balance)	May 30, 2009

Payments can be made by check or credit card. **Make checks payable to UJF Israel Center, LLC and write "Your Name - Israel Community Teen Trip" in the memo section of the check.** To pay by credit card (Visa, MasterCard, AMEX), please contact the UJF Israel Center office at (858) 571-3444 (credit card payments will be subject to a 3% fee that will be added to the transaction).

**Your family may choose to decline the United Jewish Federation of San Diego County subsidy and make it available to a participant who requires financial assistance by checking the appropriate box at the bottom of page 1 of the application.**

# UJF Israel Center Israel Community Israel Teen Trip Guidelines - Page 2

## **SCHOLARSHIPS**

If you anticipate receiving a scholarship for the trip, please have the scholarship provider(s) contact the UJF Israel Center office by letter or phone, indicating the amount(s) you are to receive. This information will be noted on your invoice for your reference. We ask that you remind the provider(s) of the May 30, 2009 final payment deadline.

## **INFORMATION GUIDE**

A trip information guide, which includes "everything you need to know" about travel arrangements, spending money, luggage, packing tips, mailing addresses, etc., will be sent to you later in the year.

## **PRE-TRIP ACTIVITIES**

The trip orientation program is carefully planned to ensure a successful experience for each participant; **your attendance is therefore required at all pre-trip activities.**

Please retain a copy of the application for your records, and send the original application to:



**UJF Israel Center Israel Community Teen Trip**  
4950 Murphy Canyon Road  
San Diego, CA 92123-4325  
Phone: (858) 571-3444  
Fax to: (858) 571-0701 Attn: UJF Israel Center  
Email: [israelcenter@ujfsd.org](mailto:israelcenter@ujfsd.org)



# UJF Israel Center Israel Community Israel Teen Trip Application - Page 1

*\*\*Please Type Or Print Clearly\*\**

## PARTICIPANT INFORMATION

Name \_\_\_\_\_ Gender:  Male  
Last First Middle  Female

Address \_\_\_\_\_  
Street Address City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ E-mail \_\_\_\_\_

High School \_\_\_\_\_ Currently enrolled in \_\_\_\_\_ grade.

DOB \_\_\_\_\_ Citizen of  USA  
 Other \_\_\_\_\_

Passport Number (Leave blank if applying for a new passport) \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Passport Must be valid through January 2010

Vegetarian  Yes Dietary Restrictions  Yes  
 No  No Description \_\_\_\_\_

## PARENT INFORMATION

Parent 1 Name \_\_\_\_\_ Parent 2 Name \_\_\_\_\_  
Leave Blank if same as Parent 1

Address \_\_\_\_\_ Address \_\_\_\_\_  
Street Street

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

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Marital Status of Parents:  Married  Widowed  Separated  Divorced  Other \_\_\_\_\_

If parents are divorced who has legal custody:  Parent 1  Parent 2  Both  Other \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Sibling Name \_\_\_\_\_ Age \_\_\_\_\_ Sibling Name \_\_\_\_\_ Age \_\_\_\_\_

Our family elects to decline the UJF San Diego County subsidy  
 (in the amount of \$1,000 , \$750 ,  \$500 , \$200)  
 and make it available to a participant who requires financial assistance.



**FOR OFFICE USE ONLY**

Application Signed & Received \_\_\_\_\_ Deposit Received \_\_\_\_\_

Passport  Insurance  Health  Physical  Rec 1

# UJF Israel Center Israel Community Israel Teen Trip Application - Page 2

Name of Participant: \_\_\_\_\_

## ISRAEL TRAVEL

Have you ever been to Israel?  Yes  No If so, how many times have you been? \_\_\_\_\_

Do you have a friend or friends applying for this summer's trip?  Yes  No

If so, who? \_\_\_\_\_

How did you hear about the *UJF Israel Center Israel Community Teen Trip* (check all that apply)?

- Friend or Classmate  Rabbi/Synagogue  Parents  Hebrew High  
 Religious School Instructor  Jewish Newspaper  E-mail  
 Other (please explain) \_\_\_\_\_

I chose the *UJF Israel Center Israel Community Teen Trip* because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Extracurricular Activities & Affiliations

Do you & your family belong to a synagogue?  Yes  No Which one? \_\_\_\_\_

Have you attended Jewish camp(s)?  Yes  No Which one(s)? \_\_\_\_\_

Are you involved with a youth group / movement?  Yes  No Which one(s)? \_\_\_\_\_

Have you participated at the August 2008 Maccabi Games?  Yes  No

Please list any other extracurricular and community activities, hobbies and organizations to which you belong:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information (OTHER THAN PARENT/GUARDIAN, available during the summer)

**In the U.S.** Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Work(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Cell(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

**In Israel** (optional) Name \_\_\_\_\_ Relationship \_\_\_\_\_

Home(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Work(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_ Cell(\_\_\_\_\_)\_\_\_\_\_-\_\_\_\_\_

# UJF Israel Center Israel Community Israel Teen Trip Application - Page 3

Name of Participant: \_\_\_\_\_

## Personal Health History

This section is to be completed by the Participant and his/her parent(s) or guardian(s). All information will be kept strictly confidential. A copy of the participant's health insurance card/coverage information must be enclosed with the application.

Health Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

**Please check the box where applicable and give dates:**

<input type="checkbox"/> Alcohol	<input type="checkbox"/> Anorexia	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Asthma
<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Bulimia	<input type="checkbox"/> Cancer	<input type="checkbox"/> Chicken Pox
<input type="checkbox"/> Colitis	<input type="checkbox"/> Convulsions	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Disorders
<input type="checkbox"/> Drugs	<input type="checkbox"/> Ear Trouble	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Eye Trouble
<input type="checkbox"/> Fainting	<input type="checkbox"/> Fever	<input type="checkbox"/> Frequent Colds	<input type="checkbox"/> German Measles
<input type="checkbox"/> Gynecological	<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Trouble
<input type="checkbox"/> Incontinence	<input type="checkbox"/> Jaundice	<input type="checkbox"/> Kidney Trouble	<input type="checkbox"/> Lactose
<input type="checkbox"/> Measles	<input type="checkbox"/> Mononucleosis	<input type="checkbox"/> Mumps	<input type="checkbox"/> Operations
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Poliomyelitis	<input type="checkbox"/> Rehab Program	<input type="checkbox"/> Rheumatic
<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Thyroid	<input type="checkbox"/> Tuberculosis	<input type="checkbox"/> Other

**Please describe (use extra sheets, if necessary) any details concerning items checked above.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Allergies to:

Insect Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which ones? _____
Foods	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which ones? _____
Medicines	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which ones? _____
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, which ones? _____

**Is the Participant currently taking medication and/or has he/she taken in the past year?**  Yes  No

If so, please list both the brand and generic name, dosage and reason for the medication:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# UJF Israel Center Israel Community Israel Teen Trip Application - Page 4

Name of Participant: \_\_\_\_\_

## Personal Health History Continued

Please describe any physical limitations that might prevent the participant from taking part in any of the program activities:

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Has the Participant undergone a recent surgical procedure (or is scheduled to undergo a surgical procedure before the summer)?  Yes  No

Does the Participant have a chronic health problem and/or ongoing medical issue?  Yes  No

Does the Participant have any learning disabilities or special needs?  Yes  No

Has the Participant undergone psychological or psychiatric therapy in the past three years?  Yes  No

If the answer to any of the above questions is "yes", please have the Participant's physician and/or therapist forward a detailed letter to the UJF Israel Center, LLC office indicating the nature of the problem/issue, and its treatment, including any special recommendations for participation in the program.

**We certify that the above mentioned statements are complete, true and accurate to the best of our knowledge and belief. We understand that failure to disclose any requested information or the disclosure of any inaccurate information may result in immediate removal from the program and may also disqualify the participant for health insurance. In such a case, we will be fully responsible for the payment of any medical care or special travel arrangements provided to the participant.**

Participant Name Printed

Participant Signature

Date

Parent 1 Name Printed

Parent 1 Signature

Date

Parent 2 Name Printed

Parent 2 Signature

Date

# UJF Israel Center Israel Community Israel Teen Trip Application - Page 5

Name of Participant: \_\_\_\_\_

## **Statement on Policies and Standards**

The following policies of the UJF Israel Center, LLC ensure a safe and successful *UJF Israel Center Israel Community Teen Trip*. Every participant and his or her parent(s) or guardian(s) must sign an agreement that binds them to the policies stated herein.

### **Participation**

Each participant must pursue and complete all activities included in the program to the best of his/her ability. Participants who fail to take part in all facets of the program may be removed. Participants who are removed, or who, for any reason, decide to drop out of the program, will immediately be returned to the U.S. unaccompanied, at their own expense. Refunds will not be given for any reason once the program has commenced.

### **Whereabouts**

Given the security situation in Israel, it is absolutely imperative that the program staff have knowledge of the whereabouts of participants at all times. Participants are required to stay with the group during all visits to sites and during all meals and programs. No participant is permitted to leave the group unaccompanied by a UJF Israel Center staff member at any time. Any failure to comply with the above travel restrictions may result in immediate removal from the program.

### **Drugs and Alcohol**

UJF Israel Center, LLC will not condone the purchase, possession, or consumption of alcohol or illegal drugs during the program and will send home anyone (unaccompanied and at their parents' expense) who is known to have done any of the above. The prohibition is in effect at all times, locations, and circumstances (i.e. even in the presence of the participant's parents or other adults), except for supervised, religious rituals. Furthermore, in order to assure an appropriate environment for all participants, their unsupervised entry into pubs, bars, and discos serving alcohol is strictly forbidden.

### **Ear/Body Piercing and Tattooing**

In accordance with Jewish observance, body piercing (including ear piercing) is prohibited during the course of the program. In addition, the program staff cannot take responsibility for unsafe and unhealthy piercing/tattoo practices that may exist in Israel or medical complications resulting from body piercing and tattooing. *UJF Israel Center Israel Community Teen Trip* participants who are discovered to have violated this rule will be asked to remove the piercing at their own expense and discomfort. Similarly, tattooing and branding while on the program is strictly forbidden. **Please note that the UJF Israel Center, LLC medical insurance policy does not cover costs for any medical care required as a result of piercing or tattooing.**

### **Smoking**

Program participants should be aware that there will be no tolerance of cigarette smoking during the program, *even with parental approval*. The purchase, possession and or use of *bookab* or *nargilah* is not condoned during the program.

### **Medical Care**

The medical care during the program does not include treatment for any pre-existing conditions, dental treatment or eyeglasses/contact lenses. In addition, chronic diseases, cancer, alcohol and drug-related incidents, pregnancies and birth-control related incidents, psychological and mental health issues, check-ups and periodical examinations, self-inflicted injury and suicide attempts will not be covered. Parent(s) understand(s) that non-emergency medical services are covered only if provided through the program health insurance provider, unless prior approval is given by the program health insurance provider to turn to other health insurance providers.

# UJF Israel Center Israel Community Israel Teen Trip Application - Page 6

Name of Participant: \_\_\_\_\_

## **Medical Care** *continued*

The parent(s) give(s) full permission for any and all medical treatment needed by the participant while in Israel. The parent(s) also release(s) any doctor, medical institute and their staff from their obligation of medical secrecy. The parent(s) authorize(s) that any document requested by the UJF Israel Center, LLC regarding the participant's medical status, treatment received, results thereof and/or other information regarding the participant's medical condition, be given to them upon request.

The parent(s) agree(s) to release the representatives of the *UJF Israel Center Israel Community Teen Trip* from any liability for said treatment.

## **Removal**

Any participant who is removed from the program will be sent home unaccompanied at his/her own expense and is not eligible for any refund. The participant and his/her parent(s) are responsible for the cost of returning the participant to his/her home in the U.S., including the return fare, shipping of baggage, any other associated expenses and for any and all damages caused by his/her actions. This also applies to any participant who voluntarily removes him/herself from the program.

Any participant who is removed from the program due to an infraction of the policies, rules or regulations, is responsible for returning to the UJF Israel Center, LLC the United Jewish Federation of San Diego County subsidy, as well as any scholarship funds awarded to him/her by the UJF Israel Center, LLC.

## **Photo/Video Release**

Program staff will be capturing images of the group before, during and/or after the program through video, photo or digital camera, to be used solely for the purposes of the United Jewish Federation of San Diego County's (UJF) and UJF Israel Center's promotional material and publications. These images are the property of UJF and participants will not be compensated for their usage.

## **IN ALL CASES, THE DETERMINATION OF THE PROGRAM DIRECTOR REGARDING THE PROGRAM'S POLICIES AND STANDARDS SHALL BE FINAL**

I hereby apply for admission to the *UJF Israel Center Israel Community Teen Trip* and I have read/agree to the Statements on Policies & Standards and agree to participate in all phases of the program and to abide by its regulations and policies.

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Participant Name Printed

Participant Signature

Date

I/We parent(s) confirm that my child has my full consent to apply to this program, and that we read, reviewed and discussed the Statements on Policies & Standards with our child and that he/she is bound to them. We agree to pay for all costs of returning my child home if he/she is removed from the program and for any damage caused by his/her actions, including reimbursement of the United Jewish Federation of San Diego County subsidy.

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Parent 1 Name Printed

Parent 1 Signature

Date

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Parent 2 Name Printed

Parent 2 Signature

Date



# UJF Israel Center Israel Community Israel Teen Trip

## Physical Examination

Name of Participant: \_\_\_\_\_

Date of Exam: \_\_\_\_\_

### TO THE EXAMINING PHYSICIAN

This participant will be participating in an overseas travel program to Israel. The new and strenuous environment each participant will face, taxes physical and mental capabilities to the fullest. It is therefore imperative, as a safeguard to the health of the participant, that this report be as complete, accurate and precise as possible. **Please provide us with a complete medical and psychiatric history of the participant (using additional pages if necessary) so that we may fully care for him/her.**

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hearing: Right: \_\_\_\_\_ Left: \_\_\_\_\_ Vision: \_\_\_\_\_ Left: \_\_\_\_\_ Blood Pressure: \_\_\_\_\_

	Normal	Abnormal	Describe Any Abnormality in Detail
Head & Neck	_____	_____	_____
Mouth & Throat	_____	_____	_____
Chest & Lungs	_____	_____	_____
Heart & Vascular System	_____	_____	_____
Abdomen & Viscera	_____	_____	_____
G.U. System	_____	_____	_____
G.I. System	_____	_____	_____
Hernia	_____	_____	_____
Upper Extremities	_____	_____	_____
Lower Extremities	_____	_____	_____
Spine	_____	_____	_____
Skin, & Lymphatics	_____	_____	_____
Nervous System	_____	_____	_____

**Menstrual History:** Menarche: \_\_\_\_\_ Cycle: \_\_\_\_\_ Problems: \_\_\_\_\_

**Date of Last tetanus Shot:** \_\_\_\_\_ **Polio Immunization Date:** \_\_\_\_\_ **Measles Immunization Date:** \_\_\_\_\_

**History of Contagious Diseases** (i.e. Tuberculosis, AIDS, Hepatitis): \_\_\_\_\_

**Urine Albumen:** \_\_\_\_\_ **Sugar:** \_\_\_\_\_ *If Indicated:* Chest X-Ray: \_\_\_\_\_ VDRL: \_\_\_\_\_

**Mental State:** \_\_\_\_\_

Information about the participant's health that would be helpful in our treatment of the participant during the trip \_\_\_\_\_

**Recommendations** (Check One): ... Full Physical Activity ... Restrictions: \_\_\_\_\_

I have read "To the Examining Physician" above and thereafter examined the participant on the date above and have recorded the results above which represent, to the best of my knowledge, all of the participant's medical history and my findings on examination. I understand that the UJF Israel Center, LLC will rely upon the above report and findings.

Name of Physician: \_\_\_\_\_

Signature: \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip

Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Thank you for your cooperation. Kindly return this physical examination to:**

UJF Israel Center, LCC - 4950 Murphy Canyon Road - San Diego, CA 92123

Fax: (858) 571-0701 Attn: Israel Center



# UJF Israel Center Israel Community Israel Teen Trip

## Letter of Recommendation

*To Be Completed By a Rabbi, Synagogue Education Director or Jewish Communal Professional a Secular, Teacher or Counselor.*

\_\_\_\_\_ has applied for admission to the **UJF Israel Center Israel Community Teen Trip**. In the space below or on a separate sheet, please evaluate the applicant's abilities, motivation and maturity to participate in this program.

**PLEASE PRINT**

Recommender's Name \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State

Zip

Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ Work Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_ E-mail \_\_\_\_\_

Title and Position \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank you for your cooperation. Kindly return this recommendation to:**

UJF Israel Center Israel Student Travel Scholarship  
4950 Murphy Canyon Road, San Diego, CA 92123-4325  
Fax: (858) 571-0701