

JDC Jewish Service Corps Application

Completed application and applicant health survey should be returned to the address below by **March 15, 2010**.

Interviews will be held in New York, **May 10 – 13, 2010**

Please keep a copy of this application for yourself.

American Jewish Joint Distribution Committee
Attn: JDC Jewish Service Corps
711 Third Avenue, 10th Floor
New York, NY 10017

PLEASE TYPE OR PRINT IN ALL CAPS.

Date of this application _____

<p>Attach one passport size photo of yourself here</p>

General Information

First name	Middle	Last
Current college or work place		
Current Address		Until what date
City	State / Country	Zip
Include hours you can be reached at each:		
Home Telephone		Business Telephone
Cell Phone		
E-mail Address		

Parent(s)' Name (if below is their/his/her address)		
Permanent Address		
City	State / Country	Zip
Home Telephone		Business Telephone

Name of Applicant	Date
-------------------	------

Date of Birth	Place of Birth
Male <input type="checkbox"/>	Female <input type="checkbox"/>
Married <input type="checkbox"/>	Single <input type="checkbox"/>
Citizenship (Country)	Date Acquired (If Naturalized)
Citizenship (Country) Of Spouse	Date Acquired (If Naturalized) By Spouse

Personal Information

Are you: Halachically Shomer Shabbat? <input type="checkbox"/>	Kashruth? <input type="checkbox"/>	Vegetarian? <input type="checkbox"/>
Would you share an apartment, with your own room, with a member of the opposite sex? <input type="checkbox"/>		
Do you have a regional or task preference, or are you flexible regarding your placement? <input type="checkbox"/>		
Dates available for assignment:	From:	To:

General Education

	Name of School	Location	Years Attended	Major/Minor & Degree	Subjects Studied
High School					
College					
Graduate School					

Jewish Formal and Informal Education (Schools, Camps, Youth Groups, etc.)

Name	Location	Years Attended	Major/Minor & Degree	Subjects Studied

Name of Applicant	Date
-------------------	------

Professional Experience

Name	Location	Number of Years	Description

Other Volunteer Experience

Name of Organization	Location	Number of Years	Nature of work

Name of Applicant	Date
-------------------	------

Knowledge of Foreign Languages

Indicate in appropriate box(es): E (excellent), G (good), F (fair), P (poor)

Language	English	Hebrew	French	Yiddish	Russian	Other #1	Other #2
Speak							
Read							
Write							

Residence, Study or Travel Abroad

Dates	Location	Purpose

Affiliations

(Please list membership and affiliation with organizations, institutions, groups, etc.)

Name of Organization	Dates	Location	Office Held or Special Responsibilities

Additional Unique Professional Skills, Achievements, or Abilities

Employment History/Resume

On a separate page, please attach your resume and/or an employment history listing your most recent experience first. Provide the following information for each entry.

Name of Applicant	Date
-------------------	------

- Employer’s name and complete address and telephone number
 - Type of organization
 - Dates of Employment
 - Your title and duties
- At the end of your resume, describe other significant experiences, interests, activities or qualifications.

Recommendations

Please include three recommendations, at least one from a professor or academic advisor who has worked closely with you and at least one from an employer or supervisor who has been well acquainted with your relevant work performance. Each recommender should be someone who can attest to your character, group skills, Judaic knowledge, and leadership abilities. Recommendations from relatives, family friends or personal friends are not appropriate.

Each of your recommenders should complete a separate form and mail it back to you in a signed, sealed envelope, so that you know it has been done. Please forward the recommendation letters to the JDC JSC, together with your application.

Name and Title	Address /Telephone Number /Email Address	Relationship	Years Acquainted
1.			
2.			
3.			

Source of information on JSC

How did you learn about the JDC Jewish Service Corps?
Are you acquainted with any former or current JSC volunteers? If so, who?

Physical Condition

Do you have any physical impairment that could interfere with your ability to carry out the assignment for which you have applied? _____ (If so, please describe) _____
Would you be willing to take a physical examination if requested? Yes <input type="checkbox"/> No <input type="checkbox"/>

Name of Applicant

Date

Personal Statement

Please answer the following questions on separate sheets of paper. Include your name, the date, and the question at the top of each sheet. Each response should be approximately 1 page long.

1. WHY ARE YOU INTERESTED IN APPLYING FOR THE JDC JEWISH SERVICE CORPS? HOW DO YOU HOPE TO BENEFIT FROM THE EXPERIENCE?
2. WHAT PERSONAL AND PROFESSIONAL SKILLS DO YOU HAVE TO OFFER THE JEWISH SERVICE CORPS? PROVIDE CONCRETE EXAMPLES.
3. WHY DID YOU CHOOSE THE GEOGRAPHIC/TASK PREFERENCE YOU INDICATED ON PAGE TWO OF THE APPLICATION?

I hereby certify that all above information and statements are true to the best of my knowledge.

Signature & Date

Name of Applicant

Date

Jewish Service Corps (JSC)
Applicant Health Survey

Name: _____

Date of Birth: _____

Male

Female

Height: _____

Weight: _____

Please provide the name, address, and telephone number of your physician in case of an emergency.

Physician's Name: _____

Telephone Number: _____

Address: _____

As a JDC Jewish Service Corps Volunteer, you will be required to have medical clearance by your personal physician.

Please answer the following as completely as possible:

1. Do you have or have you had, in the past three years, any disease or condition which has required surgery, medication, hospitalization, or other treatment?

 Yes No

If yes, please explain:

2. Do you take any medications?

 Yes No

If yes, please list:

3. Have you ever experienced or been treated for any psychiatric or mental health problem?

 Yes No

If yes, please explain:

4. Do you have any of the following? If yes please explain.

	YES	NO	
Allergies			To what?
Asthma			Have you ever used Epinephrine or been hospitalized?
Diabetes			Do you require insulin or oral medication?
Epilepsy			Please explain:
Heart Trouble			Please explain:
Back Trouble			Please explain:
Other			Please explain:

5. Do you have any other medical conditions that may affect your volunteer participation in-country or in your program assignment?

 Yes No

If yes, please explain

The information contained in this health survey is complete and accurate to the best of my knowledge.

Signature (Type name if submitting electronically)

Date

All medical records will be kept confidential by the American Jewish Joint Distribution Committee.