



# Application



Please insert or tape one recent passport size photo HERE.

(2" x 2" on photo paper)

Sign and print your name on the back of the photo as it appears on your passport.

## MARCH OF THE LIVING - SOUTHERN REGION

**Please attach the following to your application. For applicant to be interviewed, all of these items must be completed and submitted: USE THIS AS A CHECKLIST & CHECK OFF AS ITEMS ARE COMPLETE:**

**\$1,000.00 Deposit.- \$250** of which is a **Non-refundable Application Processing Fee (payable to JFSPBC / MOL)** Write your name on the check. No application will be considered without this deposit. Upon acceptance to the MOL Program, \$500 of your deposit becomes non-refundable.

**Letter of Recommendation** from a Professional who works in Jewish Fields

**4 Passport Size Photos.** You must sign and print your name on the back of each photo as it appears on your passport. An additional passport photo must be attached above.

**Copy of Passport Identification page (must be valid through June 30, 2011)**

**Copy of the front and back of Health Insurance card.**

**Medical Form – Two sections** filled out completely by applicant and physician. (separate copy **found on website**)

**Code of Conduct – Students & Parents Read & Sign.** (found in this application)

**Cancellation and Refund Policy – Read, choose an option and sign.** (found in this application)

**Read and sign the Applicant's Statement** (found in this application)

**Copy this complete form for your records**

**No application will be considered without the aforementioned items and deposits.**

### Application Procedures

- Download the Application Form from the website. Save the Form as an MS Word 97-2003 document with your name in the title. EXAMPLE: Save as: **Your First and Last Name MOL Application.doc**
- Answer all questions on the Application Form one of two ways:
  - Type in your information by clicking into the top left corner of each box on the form.
  - Print the form out and write in your answers.
- Once you have completed all necessary inputting, print out the application and sign in all areas where signatures are required. Have a parent read and sign the application, as well. Send with all items above.

### Where to Send Complete Forms

#### In Boca/Delray/Broward/Dade:

March of the Living  
9901 Donna Klein Blvd.  
Boca Raton, Florida 33428  
phone: **561-852-6045.**  
fax: **561-852-6043**  
[mol@bocafed.org](mailto:mol@bocafed.org)

#### In West Palm Beach:

Rose Rosenkranz  
Temple Beth David  
4657 Hood Road  
Palm Beach Gardens, FL 33418  
Office: 561-694-2350  
FAX: **561-694-9518**  
Cell: **561-329-4587**  
[siberose@bellsouth.net](mailto:siberose@bellsouth.net)

#### In Dallas and Texas:

Pam Fine  
5825 Williamstown  
Dallas, TX 75230  
Office: **214-378-7011**  
FAX: **972-960-1130**  
Cell: **972-523-4777**  
[Phf523@gmail.com](mailto:Phf523@gmail.com)

#### In Atlanta and Georgia:

Eve Adler  
100 Inland Drive  
Atlanta, GA 30342  
Home - **404-303-8480**  
Cell - **404- 323-6880**  
[molatlanta@yahoo.com](mailto:molatianta@yahoo.com)

#### In Sarasota

Orna Nissan  
Sarasota/Manatee Jewish Fed  
580 McIntosh Road  
Sarasota, FL 34232  
Office: **941-371-4546**  
X104  
[onissan@smjf.org](mailto:onissan@smjf.org)

#### In Tampa/St. Petersburg:

Robin Warren  
15460 1st St. East  
Madeira Beach, Florida 33708  
Home: **727-391-8213**  
Cell: **727-417-2987**  
[Rwarren2007@tampabay.rr.com](mailto:Rwarren2007@tampabay.rr.com)

Enter Today's Date Here:

Enter Your Name as it Appears on your Passport:

Enter Social Security Number Here:

Enter Passport Number Here:

Enter Passport Expiration Date Here:

**Please Check Which Area you are from:**

Boca  WPB  Dallas  ATL  Tampa/St.Pete  Sarasota

OTHER Where?

Student  Adult  Survivor  Physician, Clergy, Staff

CITY NOT LISTED? Email [MOL@bocafed.org](mailto:MOL@bocafed.org)

**MARCH OF THE LIVING - SOUTHERN REGION**

***ALL APPLICANTS Personal Data***

**Enter Your Complete HOME Address Here**

Street Address City State ZIP

Enter Home Phone Here  Enter Cell Here

Enter Email Address Here

Enter Date of Birth Here  Age:  Gender:  Male  Female

**ADULTS: Enter Your Occupation Here**

**T- Shirt Size (check one):**  Small  Med  LG  XL  XXL

**Jacket Size (check one):**  Small  Med  LG  XL  XXL

**Health Insurance: Enter Company Name Here**

**Enter Health Policy Numbers Here**

**Enter Country of Citizenship Here**

**Enter Country in which you live Here**

**Did your parents ever hold Israeli Citizenship?**  No  Yes

**Passport you travel with: (If same as P. 1 – leave blank) Country:**

**Passport #:** Enter Above Passport Number Here

**Expiration Date** (must be valid through June 30, 2011):

**Are you a Citizen of Israel:**  No  Yes

**Enter Israeli Passport #:**

**Expiration Date:**

**Pator Needed?**  No  Yes

**MARCH OF THE LIVING - SOUTHERN REGION**

***STUDENTS ONLY* Personal Data**

Dad's Complete Name:   Living  Deceased

Dad Complete HOME Address:  
  
Street Address City State ZIP

Home Phone:  Cell:  Work:

Dad Email Address:

Dad Occupation:

Dad Employer:  Position:

Mom's Complete Name:   Living  Deceased

Mom's Complete HOME Address:  
  
Street Address City State ZIP

Home Phone:  Cell:  Work:

Mom Email Address

Mom Occupation:

Mom Employer:  Position:

Parents (Check one):  Married  Divorced  Separated  Widowed  Single

Name of Legal Guardian (if neither of above):

Address:   
Street Address City State ZIP

Home Phone:  Cell:  Work:

**Names, Ages and Grades of Siblings:**

| NAME | AGE | GRADE |
|------|-----|-------|
|      |     |       |
|      |     |       |
|      |     |       |
|      |     |       |

***MARCH OF THE LIVING - SOUTHERN REGION***

***ALL APPLICANTS***

**Emergency Contact, in the United States. Must be OTHER THAN parent or spouse:**

Name:  Relationship to applicant:

Phone #'s (24 hour contact) Cell:  Home #:

Work #:  Other Info:

***ALL APPLICANTS Educational Data***

**GENERAL EDUCATION:**

Name of High School:  Graduation Date:

Grade as of September 1, 2010:  Principal's Name:

**JEWISH DAY SCHOOL EDUCATION (if applicable):**

Elementary School:  Dates Attended:

Middle School:  Dates Attended:

**RELIGIOUS EDUCATION (if applicable): Name of Synagogue, School, or Teacher:**

When?

Name of Rabbi:

**OTHER JEWISH PROGRAMS: YOUTH GROUPS, EDUCATIONAL PROGRAMS, LEADERSHIP WORKSHOPS, ETC. (include dates):**



***MARCH OF THE LIVING - SOUTHERN REGION***

**Describe your activities outside of school. Do you hold any office or leadership positions?**

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**What are your special interests, hobbies, or talents (Check all that apply)?**

Singing    Musical Instrument    Art    Photography    Videography    Public Speaking

Other:

**What type of musical instrument do you play?**

**Would you be willing to bring it with you on the March?**    No    Yes

**Which instrument?**

**Would you be willing to help lead songs, prayers, or religious services during the *March of the Living*?**

Yes    No   **Please Specify in what capacity:**

**Have you suffered a significant recent loss? Please describe:**

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**Are any of your family members survivors of the Holocaust?**    No    Yes

**If so, name of relative(s):**

|                      |              |                      |
|----------------------|--------------|----------------------|
| <input type="text"/> | Relationship | <input type="text"/> |
| <input type="text"/> | Relationship | <input type="text"/> |

**Did you lose any *other family* members in the Holocaust?**    No    Yes



***MARCH OF THE LIVING - SOUTHERN REGION***

***Legal Information:***

Have you ever been arrested?  No  Yes If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been suspended from school?  No  Yes If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Medical Information:***

What are you allergic to?

What is your physical reaction when exposed?

How is your allergic reaction treated, medically?

Have you ever been hospitalized?  Yes  No

If yes, please explain:

***MARCH OF THE LIVING - SOUTHERN REGION***

**NOW – Applicant -**

**Please initial and date these three items when completed:**

1. Please read and sign the Code of Conduct, Cancellation Refund Policy, Statement and Payment Obligations Form found on the next pages .....
2. **All places that require signatures must be filled in for you to be interviewed.** .....
3. Make copies of this whole document for your records...

| <u>INITIAL</u> | <u>DATE</u> |
|----------------|-------------|
|                |             |
|                |             |
|                |             |

**ESSAY**

In 150 words or so, please express why you feel you should participate on the March of the Living. Please be certain to indicate what you hope to get out of the *March* as well as what you may have to offer the *March*. You may type your essay on a blank sheet and attach. (Use an additional or back page if necessary)

# **MARCH OF THE LIVING - SOUTHERN REGION**

## **STUDENT CODE OF CONDUCT**

All student participants will subscribe to the following set of behaviors for the entire March of the Living experience with the Southern Region of the March:

1. Personal integrity – Remember that you represent not only the American delegation, but also the entire International March of the Living. Your personal actions should never put yourself or any of the other members of the group in a compromising situation.
2. All students will sleep in their assigned rooms, with no changes, unless instructed to do so by Travel Leader.
3. A limited number of keys will be available to the rooms. Keys are shared with roommates. Should you or anyone in your room lose the key a \$75.00 lost key fine must be paid by everyone assigned to the room.
4. All rooms should be locked upon leaving the room, even if you are just going down the hallway.
5. When inside the room lock your door!
6. Students are not to be inside opposite gender rooms at any time. All such meetings may take place in assigned areas.
7. Alcohol, drugs, smoking and illegal or unauthorized use of prescription medicine are strictly forbidden. Student participants are not allowed in drinking establishments, even if they drink only non-alcoholic beverages. Due to the seriousness of this rule, all students agree to inform the staff of any violation of other students. Violation will result in sending those students home at parent's expense.
8. Prompt attendance at all sessions is required.
9. No one is to leave the hotel premises or grounds without specific permission of the Bus Captain or TGL.
10. Attendance at all meals is required. No one is to leave the dining room without permission of designated staff.
11. Attendance at morning prayer services is a requirement of all students. Students select which service they wish to attend. Attendance is taken daily. (Afternoon & evening services) is optional.
12. All luggage is the responsibility of the individual student. Any luggage damaged or lost during the March of the Living is not the responsibility of the Southern Region or the March of the Living International.
13. No room charges are to be made. This includes long distance phone calls, rent-a-movie, room service, etc.
14. Each participant is responsible for his/her roommates in terms of curfew and wake-up. Curfew is strictly enforced. Violations will be addressed. Parents will be contacted immediately.
15. Hotel property belongs to the hotel. No souvenirs may be taken from the hotel. Any damage to a hotel room will be charged to all individuals assigned to that room.
16. Courtesy and Respect. Other hotel guests exist. Show them the same respect that you would like them to show you. Staff and adult participants are due the same type of courtesy and respect. **SEE RULE NUMBER ONE.**
17. March of the Living ID badges must be visibly worn at all times.
18. Mobile phones may not be seen or heard at any time. If a cell phone is visible at any time, or rings at any time, the phone will be confiscated and will not be returned until the group reaches the USA.
19. Permission to have visitors must be obtained from the Travel Group Leader. No outside visitor is allowed in your room or on the sleeping floors at any time. Visitors may see you only during announced visitation time. All visitors must leave the hotel at assigned times. You are responsible for the actions of your visitors.
20. You are required to attend all preparatory sessions, classes and the retreats.

*Failure to abide by the rules as set above, could lead to your not being able to participate in the March, or being sent home from Poland or Israel. Any cost incurred in sending a participant home due to the violation of the Code of Conduct will be at the participant's and his or her parent's or guardian's own expense.*

I have read and understand these guidelines and agree to abide by them.

Student name (please print)

Student Signature

Date

### **PARENT OR GUARDIAN:**

I have read and understand that my child has agreed to abide by the above guidelines. I understand that any cost occurring as a result of any deviation from the prescribed trip will be my responsibility.

Parent/Guardian Name (please print)

Date

Parent/Guardian Signature

Date

# **MARCH OF THE LIVING - SOUTHERN REGION**

## **ADULT Code of Conduct**

Under normal circumstances you would be considered a role model for the teens. With the difficult emotional and physical strain of this experience, you become a role model and example, even more so. So that there be no misunderstanding, this Code of Conduct is being signed by you as an agreement that you will abide by these rules to the fullest.

1. The March of the Living is a TEEN experience. Staff and adults should look at the trip accordingly.
2. Curfew is for the good of the teens. You need your sleep too. If you stay up late, do it away from the teens, and don't involve the teens.
3. You are required to be prompt and participate in all scheduled activities, including morning prayer services and meals.
4. You are required to stay with the group at all times unless given permission to leave by the Travel Group Leader (TGL) and your Bus Captain (BC).
5. The same prohibition against use of alcohol, drugs and unauthorized prescription drugs for the teens, applies to all staff and adults, even if the alcohol is imbibed not in the presence of the teens. This includes not drinking (except for Kiddush) on Shabbat, and the prohibition against buying alcohol in the Duty-Free Shop on the way home.
6. No visitors are allowed during any scheduled event, including meals. Visitors are allowed only during scheduled free time, and then only if the staff does not have an assignment. In any case, if there is a doubt, check with the TGL.
7. No one may leave the hotel without the specific permission of the TGL or BC. Staff, including medical, psychological personnel and survivors may be able to leave for the Shabbat in Israel, if there is sufficient coverage. Check with the TGL. BC's and *madrachim* will not be allowed to leave for the Shabbat in Israel.
8. Adult Participants are allowed to leave for the Shabbat in Israel and as agreed with the TGL.
9. You are required to be familiar with the Teen Code of Conduct, and ensure that all teens follow the rules. (see adult manual to be received after acceptance)
10. If at any time you do not feel you can follow any of the rules as established by the March of the Living, you may ask permission to leave the group at your expense, and go back to the U.S.A.
11. So that there be no misunderstanding, Jack Rosenbaum is the Travel Group Leader of the Southern Region.

These two weeks will be like no other two weeks in your life. They will be meaningful and exciting, but also tiring. Your knowledge of these rules is critical to the success of the experience. You are an important member of our educational team. We need you to be the appropriate role model.

**BY SIGNING THIS CODE OF CONDUCT, YOU ARE AGREEING TO ABIDE BY ALL THE RULES AS SET DOWN HEREIN, OR ANY OTHER RULES AS ESTABLISHED BY THE INTERNATIONAL MARCH OF THE LIVING OR THE SOUTHERN REGION, MARCH OF THE LIVING.**

NAME: (please print)

SIGNATURE:

DATE:

*MARCH OF THE LIVING - SOUTHERN REGION*

**CANCELLATION & REFUND POLICY**

**CHOOSE ONE BOX ONLY**

*Southern Region General Cancellation Refund Policy*

**No extra fee**

- **Prior to December 1, 2010** FULL Refund less \$500
- **From January 1 to February 10, 2011** FULL Refund less \$1500
- **From February 11 to March 1, 2011** FULL Refund less \$2500
- **March 1 to April 26, 2011** FULL Refund less \$3500
- **After April 26, 2011** NO Refund

Participants canceling prior to the dates indicated would receive all monies paid as a refund less the indicated un-reimbursed amount.

**REFUNDS ARE NOT AVAILABLE FOR ANYONE WHO IS LATE IN PAYING**

I have selected **not to take** the **Guaranteed Refund Option Plan** as it is outlined in the box below. I understand that all organizations that have provided scholarship assistance will be refunded first in the event of my cancellation. **Please sign here:**

Name of Participant

Parent/Guardian

Date

**Guaranteed Refund Option Plan (GROP)**

**For \$200 Additional Payment**

- **Prior to January 1, 2011** FULL Refund less \$500
- **From January 1 to February 10, 2011** FULL Refund less \$1000
- **From February 11 to the day of the MOL, 2011** FULL Refund less \$2500

Participants canceling prior to the dates indicated would receive all monies paid as a refund less the indicated un-reimbursed amount.

**REFUNDS ARE NOT AVAILABLE FOR ANYONE WHO IS LATE IN PAYING**

**Participants must purchase the GROP prior to December 1, 2010.**

*I understand that all organizations that have provided scholarship assistance will be refunded first in the event of my cancellation. Please sign here:*

Name of Participant

Parent/Guardian

Date

**Separate check of \$200 payable to JFSPBC/MOL must be attached to this form, if you select GROP**

# MARCH OF THE LIVING - SOUTHERN REGION

## Applicant's Statement

- By enrolling in the March of the Living Program, a highly intensive Jewish educational experience, I hereby agree to the following:

- ..... to participate fully in all its aspects (including daily morning prayer services)
- ..... to abide by all its rules and regulations as detailed on the Code of Conduct attached to this application
- ..... to attend all classes, student retreats and other programs prior to and immediately after the March of the Living.
- ..... to acknowledge the fact that usage or involvement with alcoholic beverages, drugs or narcotics or any other type of anti-social behavior will be cause for my immediate dismissal from the program and my return to the United States at my own or my family's expense.

On the Medical Form enclosed, I and one of my parents (for students) have read the Notes to the Examining Physician. I hereby certify that the Medical Form is complete. I fully realize that any condition, mental or physical, that is found to have originated prior to my departure, and which is not described in full on this form or on an accompanying letter submitted prior to departure, will be due cause for my return or treatment in the country I am visiting at my expense and that the *March of the Living* and its representatives have neither responsibility nor liability arising out of such condition. Furthermore, all medication that I take regularly is detailed in the Medical Form or accompanying letters.

Applicant's Signature: \_\_\_\_\_

Date \_\_\_\_\_

## Permission Form

✓ I hereby give my child \_\_\_\_\_ permission to participate in the *March of the Living* Program and agree with the Applicant's Statement, above. (Adult Applicants N/A)

✓ I agree to hold the leadership of the *March of the Living*, the cooperating agencies of the Southern Region, its representatives and staff, harmless of and from any and every claim arising from or by reason of any bodily injury, personal injuries known or unknown (including emotional trauma), death, or property damage resulting or alleged to result from any accident, incident, or other episode that may occur, whether based upon the negligence or breach of contract by, any Releasee or any other persons for whose acts or omissions any Releasee may be responsible in law or in fact, or any other use or principle of law as a result of my or my child's participation in the March of the Living or any activities in connection with the March of the Living or any other activity pertaining to this program for the above named participant, and agree to indemnify the sponsors of the *March of the Living* and its employees and cooperating agencies and staff for any costs for the above named participant which may arise in connection with this trip.

✓ I agree with all points of the Code of Conduct attached, herein.  
I have co-signed with my child. (Parents of Students)

✓ I give my full permission for all treatment of any nature deemed necessary by doctors in Europe, Israel, and the USA to be extended to my child within the framework of the medical services provided by the *March of the Living* leadership.

✓ I agree to a payment plan as outlined, herein:

**DUE November 1, 2010:** \$1,000 deposit, of which \$250 is a non-refundable registration fee due with this complete application, medical form, copy of photo page of passport, copy of family health insurance card and 6 passport size photos. \$500 becomes non-refundable upon acceptance to March of the Living.

**DUE DECEMBER 15, 2010:** 50% of balance due

**DUE JANUARY 30, 2011:** Remainder of balance due

✓ In the event the applicant transfers to another region, the Southern Region will keep all monies paid out on the applicants behalf, based on the due dates of the refund policy found herein. All transfer requests must be written and dated to take effect.

✓ I am aware that a **late payment fee of 5%** of my balance will be assessed if I do not pay my bill, in full, by **January 30, 2011**.

✓ I have read my child's statement above. I agree to all its content and conditions. (Adult Applicants N/A)

✓ I have read and signed the Cancellation Policy and understand my financial obligations to the Southern Region of the March of the Living.

✓ I am aware that if I request financial assistance, I must contact my local city representative and establish a payment plan to mutually agreeable to them and myself. (Adults N/A)

✓ I have made copies of this application and all items submitted, for my records.

✓ I understand that all required up-to-date items must be submitted before an interview is possible.

Date \_\_\_\_\_ Applicant's Signature: \_\_\_\_\_

Signature of Student's Parent or Guardian: \_\_\_\_\_