



In Association With
CENTRAL AGENCIES OF JEWISH EDUCATION
YOUTH MOVEMENTS AND ORGANIZATIONS

Adult Application

RETURN TO
LOCAL AGENCY OR FEDERATION

Central Office
International March of The Living
2 West 45th Street, Suite 1500, New York, NY 10036
Tel: (212) 869-6800
Fax: (212) 869-6822

Please attach 6 passport
size photos.

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

You may select more than one of the choices below

- I would like to accompany the group and I am prepared to pay my own way
- I am a Holocaust survivor
- I am a child or grandchild of a survivor
- I am applying for the following staff position:
 - Madrich (a) Doctor
 - Nurse Psychologist/Psychiatrist/Social Worker

There are a very limited number of staff positions available.

If you are not chosen to go as staff, do you still wish to go? Yes No

Are you prepared to pay the cost? Yes No

NAME OF APPLICANT

.....

SOCIAL SECURITY NUMBER

.....

INSTRUCTIONS TO APPLICANT

(Please read carefully before completing. Type or print legibly in pen.)

1. Answer all questions on this Application Form. Please type or print clearly. Answer all questions fully. If you wish to give additional information, attach an extra sheet. Be sure to attach six (6) passport type photos of yourself where indicated above.
2. The medical form **must** be completed by you and your physician and must be submitted with the application. **No application will be considered for approval without the medical form.**
3. A personal interview will be the final prerequisite to your being accepted in the program. Upon receipt of your application and Medical Form you will receive notification for this interview.
4. Retain copies of your completed Application and Medical Form in the event that the originals are lost.
5. Return all forms to the address listed above.
6. We recommend that you purchase trip cancellation insurance.
7. Include a \$400 refundable deposit to **March of The Living**. Write your name and social security number on the check. **No application will be considered without this deposit.**

Name of Applicant: Social Security No.

GENERAL INFORMATION

Name as Appears on Passport.....
Last First Middle Maiden Name
Name You prefer to be called Hebrew Name Male Female Do you smoke?.....
Address..... City State Zip.....
Telephone # (Day) Telephone # (Night) Email
Name of Business..... Cellular #
Date of Birth Age..... When did you come to the USA?.....
Employer's Name..... Address..... Position.....
Passport you travel with: Country..... Passport #..... Expiration Date:.....
Citizen of Israel Yes No Israeli Passport # Expiration Date:.....
Country of Citizenship Country of Residence
Health Insurance Coverage: Company..... Policy #
Emergency Contact, in the United States, if spouse is not available: Name:
Relationship Telephone # (Day) Telephone # (Night).....

PERSONAL DATA

Marital Status: Name of Spouse
Names and Ages of Children
.....
What are your special interests, hobbies, or talents?.....
.....
Please check areas of talent or interest: Singing Playing a musical instrument Art Acting Videography
 Public Speaking Writing/Creative Writing Photography Computer "Techie"
Would you take a musical instrument with you on the March? Yes No What instrument?.....
What type of religious service do you ordinarily attend? Orthodox Conservative Reform Reconstructionist None
Synagogue Affiliation Yes No Name of Synagogue
Would you be willing to help lead songs, prayers, or religious service? Yes No
Have you ever been arrested or convicted of any misdemeanor or felony? Yes No
If yes, please explain

PROFILE

Have you suffered a significant loss recently? Please describe:.....
.....
Are you or any of your immediate family members survivors of the Holocaust? List:.....
.....
Relationship.....
Did you lose any close family relatives in the Holocaust? List:
Relationship.....
Have you ever been to Poland?..... Have you ever been to Israel?.....

Other Languages Which You	Speak	Read	Write
	Fluent/Good/Fair	Fluent/Good/Fair	Fluent/Good/Fair
Hebrew			
Yiddish			
Polish			
Other (specify)			

EDUCATIONAL DATA

Name of University	Location (city)	Years Attended	Major/Minor	Degree/Diploma/Year
Secular.....				
Jewish.....				

Summer Camp or Travel Experience (U.S.A., Canada, Abroad)

Name of Camp or travel group	Year(s) attended	In what capacity
.....
.....
.....

Israel Experience

Name of program.....Date(s) attended.....

.....

List your Jewish organizational affiliations:.....

.....

.....

What professional educational credentials or licenses do you have?

(to be completed only by applicants for professional positions, i.e., Madrich(a), doctor, nurse, psychological specialist, social worker, etc.)

Secular			Jewish		
Certificate	Issuing Agency	Year	Certificate	Issuing Agency	Year

Work Experience

Name & Address of Employer	Position Held	Dates (Mo/Yr)	Supervisor (name & address)

Reference

List persons who have first-hand knowledge of your character, personality and professional ability.

Name	Official Position	Address

APPLICANT AGREEMENT

1. The undersigned intends to participate in the March of The Living ("The March"). In connection with his or her participation, the undersigned hereby agrees to abide by the rules and regulations of the March.
2. The undersigned is providing medical information to the leadership of the March on the forms enclosed with this Applicant Statement. The undersigned represents that all of the information contained in such forms is true and correct. The undersigned has read the Medical Form and agrees to abide by the conditions contained therein. All medications taken by the undersigned are detailed on the medical form or in any letters accompanying the medical form. The undersigned hereby authorizes the leadership of the March to obtain treatment for him or her as it, in its sole and absolute discretion, deems necessary and advisable. The costs of any medical treatment provided shall be the responsibility of the undersigned.
3. The undersigned agrees to hold the March of The Living, Inc. ("March"), The Central Agency for Jewish Education, Inc. ("CAJE") (as well as any other organizations participating in any activities relating to the March) and the leadership of these organizations, harmless from any claim, loss, damage, injury, liability or expense (including attorney's fees) which the undersigned might sustain or incur in connection with, as a result of, or by reason of their participation in the March or any of the activities relating thereto. The organizations sponsoring the March operate the tour offered under this program only as agents of the airline, bus operators and others which provide the actual arrangements, and are not liable for any act, omission, delay, injury, loss, damage, or non-performance occurring in connection with these arrangements.
4. The undersigned also understands that he/she is expected to participate in all orientation and pre-March courses that will take place in his/her community.
5. Please note that while all food on the March of The Living is Kosher, we cannot provide for special dietary needs. Contact your local office to discuss special needs.

Executed this day of,

Applicant Name (Print).....Signature

