

Yachad's Ramp It Up! 2018



Ramp It Up! with Yachad

Answers to FAQs:

- Each work day is from about 9am to 4pm but may vary slightly.
- Carpooling and rides to and from a close Metro stop may be possible depending on site location.
- The participation fee for one week is \$400. The fee is not tax-deductible and is collected after acceptance.
- Students must have completed their freshman year of high school to participate.
- Approximately 30 hours of community service hours can be awarded for successful completion of the one-week session.
- Project site(s) will be announced shortly after acceptance.



**Ramp It Up! with Yachad
Participant Application 2018**

****Applications are accepted on a rolling basis; send in as soon as possible to reserve a spot.***

Application Deadline: May 31, 2018

General Information

One Week Session: Monday, June 18 to Friday, June 22

Name: _____

Date of Birth: _____

Gender: _____

Grade entering in school: _____

School: _____

Home Address: _____

Home Phone: _____ Cell Phone: _____

Personal E-mail Address: _____

Parent or Guardian Name:

Parent or Guardian E-mail: _____

Parent or Guardian Cell/Work: _____/_____

Synagogue affiliation (if applicable): _____

How will you be getting to the site? (circle one)

Driving myself Getting a ride from _____
Metro Carpool
Other _____

Would you want to set up a carpool system if possible? _____

How did you hear about Ramp It Up?

Would you like to be placed in the same work session with a friend?

Essays

Ramp It Up! is not only physically challenging, but also emotionally challenging. The program requires that all participants have a great deal of patience and a high level of maturity and enthusiasm. Please describe in **300 words** or less how you know you are ready for this program. You may want to cite past experiences.

Past Experiences

Please list your experiences in both leadership positions and/or sports teams/teams of any sort. You may include an attached resume or use the lines below.

Activity	Position	Organization	Dates

References

Please give us the name and phone numbers of two references. None of the references may be relatives. One must be employer/education/sports team/community service related.

Name: _____ Phone: _____

Relationship: _____

Name: _____ Phone: _____

Relationship: _____

YACHAD, Inc.
Parental Permission
(18 and under)

In consideration of the opportunity afforded my child (name of child) _____ to participate on a voluntary basis in the Yachad “Ramp It Up!” program, and in light of the aims and purposes of the community service provided by Yachad, Inc. in organizing this project, I (we) give my (our) permission for my (our) child to participate in the project, and I (we), on behalf of my (our) child and myself (ourselves), waive any right or cause of action arising as a result of my (our) child’s participation in said project from which any liability may or could accrue against Yachad, Inc. and its officers and directors collectively or individually. Without limiting the generality of the foregoing, I (we) on behalf of my (our) child and myself (ourselves), agree that this waiver shall include any rights or causes of action resulting from personal injury to my (our) child or damage to my (our) child’s property sustained in connection with my (our) child’s activities from the project. By signing this form, I warrant that I am authorized to give this permission.

Signed this _____ day of _____ 2018

Parent or legal guardian

Parent or legal guardian

Consent and Release

I (we) hereby consent to the non-profit use of my child (name of child) _____’s likeness by Yachad and its assigns, including but not limited to the use of his/her likeness on Yachad’s website and in Yachad’s promotional and press materials, with or without use of his/her name.

Signed this _____ day of _____ 2018

Parent or legal guardian

Parent or legal guardian

MEDICAL RELEASE FORM

Participant's name: _____

Participant's doctor:

Name _____

Phone number _____

Phone where parent can be reached during the program: _____

Additional emergency contacts:

Name _____ Phone _____

Relationship to participant _____

Name _____ Phone _____

Relationship to participant _____

Medical information:

Is your child taking any medication(s) that we should be aware of?

Does your child have any allergies?

Does your child have any medical conditions that we should be aware of?

Who is your health insurance carrier? _____

Group and/or Policy Number: _____

Parental Permission and Release:

I hereby give permission for my child _____ to attend the Ramp It Up! program. In case of an accident or any medical emergency, and if I, my spouse or emergency contacts cannot be located, I authorize the staff to take appropriate action as it, in its sole discretion, deems necessary.

Signature of Parent or Guardian _____ Date _____