



# JDC-BBYO Global Service Fellowship JDC Jewish Service Corps (JSC) Application

## JSC Year-long placement

Completed application and applicant health survey should be returned along with your resume and personal statement to Natalie Szklarz, [natalies@jdcny.org](mailto:natalies@jdcny.org), by **July 15, 2010**.

Letters of recommendation are due **August 2, 2010** and may be sent via email to Natalie or in hard copy to the JDC New York address below.

**Please keep a copy of this application for yourself.**

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

PLEASE TYPE OR PRINT IN ALL CAPS.

**Date of this application** \_\_\_\_\_

**Attach one  
passport size  
photo of  
yourself here**

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## **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		

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

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?	Kashruth?	Vegetarian?
Would you share an apartment, with your own room, with a member of the opposite sex?		
Do you have a regional or task preference, or are you flexible regarding your placement?		
Dates available for assignment:	From:	To:

**General Education**

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

Name of Applicant

Date

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

Name	Location	Years Attended	Major/Minor & Degree	Subjects Studied

**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
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**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

Name of Applicant

Date

**Additional Unique Professional Skills, Achievements, or Abilities**

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**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.

- 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?

Name of Applicant

Date

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

No

### 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.*