



Voices: The Teen Giving Circle 2009-2010 Application

Voices is an intensive program that meets monthly throughout the school year on Sundays and some weeknights for a minimum of two hours each meeting. Voices is available to students in 9th – 12th grades open to students from all streams of Judaism. Throughout the program, all religious practices will be respected, and dietary laws will be strictly observed.

PLEASE PRINT NEATLY OR TYPE.

Name _____

Address _____

City _____ State _____ ZIP _____ Phone (____) _____

Email _____ Cell (____) _____

School _____ Age _____ Grade _____

1. Why do you want to participate in Voices? What part of the program is most appealing to you?

2. Describe your strengths and weaknesses in working with groups. _____

3. What will you offer to a diverse group of Jewish teens? _____

4. List all extracurricular activities, leadership roles, and/or jobs in which you are involved, as well as your anticipated involvement for next year.

5. Which of the following best describes your Jewish affiliation?

- | | | |
|---|--|--|
| <input type="checkbox"/> Secular—just Jewish, not religious | <input type="checkbox"/> Orthodox | <input type="checkbox"/> Nondenominational |
| <input type="checkbox"/> Reform | <input type="checkbox"/> Modern Orthodox | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Reconstructionist | <input type="checkbox"/> Traditional | |
| <input type="checkbox"/> Renewal | <input type="checkbox"/> Conservative | |

6. Please answer the following:

- a. ____ **I am** ____ **I am not** currently involved in the Jewish community.
- b. My family is affiliated with the following congregation and/or other Jewish organizations:

- c. I currently or formerly belonged to a Jewish youth group(s). ____ Yes ____ No

List group(s) _____

Did you hold an office? ____ Yes ____ No

If so, what/when? _____

I am currently involved with Jewish activities and/or education. ____ Yes ____ No

If yes, please describe all activities and educational experiences, including Israel trips.

7. Over the course of the year, we will have the opportunity to explore many needs in the community.

Please list some of the areas you would like to explore (for example: human rights, the environment, the elderly, Jewish education, Israel).

8. Have you ever participated in a philanthropy program? _____ If so, please explain.

9. Do you know someone who has previously participated in Voices or KOLOT? How did you hear about the program?

10. Please attach a brief essay (500 words or less) describing an experience you had “giving back” to the community that impacted your feelings about tzedakah or philanthropy.

Applicant Signature

By my signature below, I acknowledge that I read the requirements for Voices: The Teen Giving Circle, which I understand that, if accepted, I will be required to attend monthly meetings, complete assignments, and participate in a group volunteer project.

Signature _____

Date _____

Permission from Parent/Guardian

Name _____

Address _____

E-mail Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Relationship to Applicant _____

Emergency Contact Name and Phone _____

By my signature below, I acknowledge that _____ (applicant’s name) is applying for Voices, that I understand the program requirements, which include attending monthly meetings, completing assignments, and participating in a group volunteer project. I will make every effort to support his/her participation in the program throughout the year.

Signature _____

Date _____

**Please mail the application to: Voices: The Teen Giving Circle
30 S. Wells Street Room 5035
Chicago, IL 60606**

OR

Email to voices@juf.org. Please put “Application” in the subject line.

Please note, you cannot participate in *Voices*, *Kolot* and *Write on for Israel* simultaneously. If you are a junior and have applied to both *Voices* and *Write On*, please make a note on your application. Although you can apply to both, you will not be able to participate in both programs.