



NATIONAL JEWISH COUNCIL FOR DISABILITIES

11 BROADWAY 13TH FLOOR ♦ NY, NY 10004

(212) 613-8369 ♦ BraunN@ou.org

STAFF APPLICATION

TAGLIT-BIRTHRIGHT ISRAEL JUNE 2012

Name _____ Preferred Name _____

Current Address _____ City _____ State _____

Zip _____ Cell _____ Home _____

Email Address _____ Social Security Number _____ - _____ - _____

If different from above:

Home/Permanent Address _____

City _____ State _____ Zip _____

Passport Information:

Name As It Appears on Passport _____

Passport Number _____ Expiration Date ____/____/____

Country of Issue _____ Date of Birth ____/____/____

Note: Due to current Israeli passport regulations, one may not fly on a passport that is within 6 months of being expired. Please make sure your passport is valid for at least 6 months past the travel dates of the program*. If you need to renew the passport, please call us with the NEW passport number as soon as you've received it.

For this Birthright Israel trip, your passport must be valid through January 2013

Please include a copy of your passport and insurance card.

Israel Travel History:

Have you ever been to Israel? Yes No

Have you previously participated in a peer group educational Israel experience? Yes No Not sure

Have you been to Israel with your family or to visit family? Yes No

Personal History:

1. Have you ever previously participated in any Yachad programs? Yes No

If yes, please describe in what capacity you have done so:

2. Have you ever worked with children or adults with developmental disabilities? Yes No

If yes, please describe:

3. Please describe any contributions you can offer to the group as a trip advisor _____

4. Why do you want to participate as a Yachad Birthright Israel staff member? _____

5. Education History:

	School Name	Major Subjects	Degree & Year Granted
Graduate School			
College			
High School		N/A	
Other/Israel Study			

6. Work Experience: (If applicable, please attach a resume)

Years	Place of Work	Responsibilities

7. References: (Please be sure to include at least 2 references who have supervised you in a work-related setting and please do not include Yachad employees)

Name	Email address	Phone	Knows you in what capacity?
1.			
2.			
3.			

8. Do you have any medical or other special conditions that might be relevant to your performance as a staff member? Yes No If yes, please describe: _____

9. Name of Physician _____ Phone Number _____

10. Insurance Information:

Name of Insurance Carrier _____ Name on Policy _____

Identification Number _____ Policy or Group Number _____

11. Emergency Contact Information:

1. Name _____ Relationship to staff member _____

Address _____ 24-hour Phone _____

2. Name _____ Relationship to staff member _____

Address _____ 24-hour Phone _____

I affirm that the above information is true and accurate to the best of my knowledge. I agree that if any of the information changes, I will notify NJCD/Yachad.

Signature of Applicant _____ Date ____/____/____

I, _____, understand that in the event of an emergency, NJCD/Yachad will try to contact my physician and emergency contacts. In case they are unable to be reached, I allow NJCD/Yachad to make all medical decisions for me and to provide me with all possible medical care, including anesthesia, injections, and hospitalization.

Signature of Applicant _____ Date ____/____/____

Please fill out and return by February 1, 2012

EMAIL: BraunN@ou.org

MAIL: Yachad-Taglit Birthright Israel Staff Attn: Nechama Braun

11 Broadway 13th Floor NY, NY 10004