



2010-2011 DILLER TEEN FELLOWS APPLICATION

APPLICATION DEADLINE: APRIL 30, 2010
EARLY APPLICATIONS ARE GREATLY APPRECIATED!

Applicant: Please carefully read and return this completed form with your photo via e-mail, printed in pen or typed to: Bureau of Jewish Education, Attn: Diller Teen Fellows, 639 14th Ave., San Francisco, CA 94118 or dillerteens@bjesf.org

***Geographic Eligibility:** Please note that the DTF program is able to accept applicants living, going to Jewish school, or synagogue within the service area of the Jewish Community Federation of San Francisco, the Peninsula, Marin, and Sonoma Counties – which includes San Francisco, the Peninsula (as far south at Sunnyvale), Marin, and Sonoma counties.

Please Print or Type

General Information

Full Name: _____

Address: _____ City: _____ Zip: _____

*Area of residence, Jewish school, or synagogue: San Francisco Peninsula Marin Sonoma

Phone: _____ E-mail: _____

Full Birth Date: _____ H.S. Graduation Year: 2012 Gender: _____

U.S. Citizen? Yes No If no, what is your immigration status? _____

Family Information

Parent/Guardian 1 Name: _____ Gender: _____

Relationship to Applicant: _____

Email: _____ Home phone: _____

Parent/Guardian 2 Name: _____ Gender: _____

Relationship to Applicant: _____

Email: _____ Home phone: _____

Parent/Guardian 3 Name: _____ Gender: _____

Relationship to Applicant: _____

Email: _____ Home phone: _____

Parent/Guardian 4 Name: _____ Gender: _____

Relationship to Applicant: _____

Email: _____ Home phone: _____

Parents/Guardians are: Married Divorced Separated Widowed Other: _____

Applicant lives with: Parent/Guardian 1 2 3 4 Other: _____

Siblings: Number: _____ Names and age(s): _____

How did you hear about the DTF program? Nominator Nomination letter from DTF Family
 Friend Internet DTF Alumni – Who? _____ Other: _____

Affiliation & Observance Information:

Synagogue Name: _____ Synagogue Affiliation _____
(If applicable, you do not need to belong to a synagogue to apply.)

Personal Identification: Chasidic Conservative Humanistic Just Jewish Orthodox
 Reconstructionist Reform Renewal Other: _____

How do you categorize your religious observance?

I observe Shabbat in the following ways: I light Shabbat candles I have Shabbat dinner I go to Synagogue
 I do not drive I do not use lights I do not do work of any kind Other: _____

I observe Kashrut (keeping Kosher) in the following ways: I do not eat pork I do not mix meat and milk
 I keep Kosher in my home I keep Kosher in and out of my home Other: _____

Please briefly describe your involvement in religious services/spiritual practice: _____

Education

Middle School: _____ public Jewish private non-Jewish private

High School: _____ public Jewish private non-Jewish private

Languages Spoken: _____

Please briefly describe your planned course load for Junior year, including your AP classes: _____

Jewish Education

Religious School: years attended from _____ to _____ location(s): _____

Hebrew School: years attended from _____ to _____ location(s): _____

Day School: years attended from _____ to _____ location(s): _____

Bar/Bat Mitzvah: yes no Mitvah Project?: _____

Confirmation: yes no in progress

Other: _____

Favorite aspect of your Jewish education: _____

Experiential Education

Summer Program/Camp: _____ summers attended from _____ to _____

Summer Program/Camp: _____ summers attended from _____ to _____

Summer Program/Camp: _____ summers attended from _____ to _____

Do you plan to attend camp in 2010? yes no maybe

Which camp? _____ What are the dates? _____

Other Experiential Education: _____

One word to sum up your thoughts on your camping experience: _____

Current Extracurricular Activities

Please name the extracurricular activities that you are **currently** involved with and/or plan to continue in 11th grade.
Not including community service or volunteer organizations – please list in separate section.

Jewish Youth Groups: BBYO NCSY NFTY Teen Foundation USY Other: _____

Clubs: _____

Sports: _____

Hobbies: _____

Other: _____

Additional Education Information

Honors and Awards: _____

Have you ever been expelled, suspended, dismissed or received disciplinary action from an educational or extra curricular institution? no yes If your answer is yes, please explain: _____

Employment

Are you currently employed? yes no Do you plan to be employed during Junior year? yes no

If you are employed, Where: _____ How many hours: _____

Job Title: _____ Job responsibilities: _____

Leadership Experiences

Please list all leadership experiences you have held as a camp counselor, teacher, youth group board member, etc. in the Jewish and secular communities.

• **Position:** _____ Dates: from _____ to _____

Position responsibilities: _____

Organization: _____ Location: _____

• **Position:** _____ Dates: from _____ to _____

Position responsibilities: _____

Organization: _____ Location: _____

• **Position:** _____ Dates: from _____ to _____

Position responsibilities: _____

Organization: _____ Location: _____

• **Position:** _____ Dates: from _____ to _____

Position responsibilities: _____

Organization: _____ Location: _____

Do you plan to pursue any leadership positions in your Junior year? yes no maybe

Please explain: _____

One word to sum up your thoughts on your leadership experience: _____

Volunteer & Community Service Experience

Please list previous (in the last 2 years) and ongoing volunteer and community service experiences.

• **Activity:** _____

Organization (if applicable): _____ Dates: _____

• **Activity:** _____

Organization (if applicable): _____ Dates: _____

• **Activity:** _____

Organization (if applicable): _____ Dates: _____

• **Activity:** _____

Organization (if applicable): _____ Dates: _____

Other: _____

One word to sum up your thoughts on your volunteer experience: _____

Previous Experience Away From Home

Have you been to Israel? yes no If yes, how many times? _____

Please list the program or family trip, length of visit, and your age: _____

International Travel (other than Israel): yes no If yes, please list where, length of visit, and your age: _____

Have you spent 2-3 weeks, or more, away from home and your family before? yes no

If yes, in what context? _____

How comfortable are you being away from home for three weeks?

Comfortable Somewhat Comfortable Somewhat Uncomfortable Uncomfortable

Short Essays

Please type and attach additional paper, no more than one double spaced page per short essay question.

1. What excites you most regarding the opportunity to be a Diller Teen Fellow?

2. If you had one million dollars to serve your community, how would you decide what to do with the money and what would you do?

Please complete each of the statements below:

I would describe myself as _____

People think that I am _____

When I am stressed I _____

When working in a group, typically I am _____

I am pushed to my limits when _____

The things that worry me most are _____

I am committed to the cause of _____

I admire _____ because _____

If I need help, I _____

Before I am 75, I would like to _____

Photo: Please also enclose a photo of yourself that shows us something about who you are, including a caption of what you are doing. If this photo does not clearly show your face, please also include a more standard picture.

Program Rigor

The Diller Teen Fellows program is both physically and mentally rigorous. Fellows are expected to step out of their comfort zone in an effort to grow and learn about themselves and the world around them. Certain aspects of the program require significant physical exertion and intentionally mentally/emotionally challenging situations. In order to accommodate participants during the program, the following information will help staff to be aware of each individual's needs and ensure that each participant's health and safety can be cared for at all times.

Do you need any accommodations related to physical limitations? yes no

If yes, please explain: _____

Have you been diagnosed with a learning disability yes no

Have you been diagnosed attention deficit and/or hyperactivity? yes no

If yes, what accommodations do you receive and will you need? _____

Do you currently, or have you had, an eating disorder? yes no If yes, have you received treatment? yes no

Please explain how it affects you and how you manage it: _____

Are you currently, or have you ever been, in psychiatric/psychological treatment for any reason? yes no

If yes, please explain why you sought treatment, when, for how long, your current diagnosis and treatment plan, and if you take any related medication.

Are you currently, or have you ever been, in any form of treatment for an alcohol or drug-related issue? yes no

If yes, please explain why, when, and for how long. If you have current treatment plan, please explain.

Are there any other matters that we should be aware of to help enable you to fully participate in educational programming and travel? yes no

If so, please attach an additional paper to explain any additional information that would help staff adapt to and be aware of your needs.

Scheduling Conflicts

What ongoing prior time commitments do you have that could potentially conflict? (We meet one Sunday afternoon per month and usually hold one retreat in October, January, March, and August. Our cultural exchange (including home hospitality) is usually before or after Passover. We travel to Israel in July – August).

We do our best to schedule around events in your life, please list any major events and their dates that are already in your schedule (SATs, family events, youth group retreats, etc.)

Participation Agreement

If selected to join, I will attend **ALL** Diller Teen Fellows events in their entirety and will prioritize my attendance and participation in this program.

Applicant Signature

Recommendation Letters

In addition to your application, please send two letters of recommendation. Recommendation letters should come from an adult who can attest to your character and leadership skills. Letters from relatives and/or personal friends are not accepted. Recommenders must complete a separate form (forms are enclosed in this packet) and mail or email it to the Bureau of Jewish Education. References may be sent electronically to dillerteens@bjesf.org.

NOTE: You do not need to wait for your reference letters to mail in your application. They may be sent separately.

Please list the adults who you have asked to write a reference letter and have agreed to do so:

Name: _____ Phone: _____

Relationship to Applicant: _____

Name: _____ Phone: _____

Relationship to Applicant: _____

Applicant's Statement of Accuracy

I attest that all statements and details in this application are accurate and truthful.

Signature of Applicant

Date

Parent/Guardian Permission

I, give permission for my child, _____, to apply for the 2010-2011 Diller Teen Fellows – a unique Jewish leadership, community service, and Israel education program.

Signature of Parent or Guardian

Date

Note: PLEASE re-read your application to make sure it is completed in its entirety before mailing (including a photo that shows us something about who you are). An incomplete application may result in disqualification from the application process.

Additional Questions? Please contact: Erica Hymen, Diller Teen Fellows Coordinator, ehymen@bjesf.org or 415-751-6983 x120

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