

# Yachad's Ramp It Up! 2019



## 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.

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

**APPLICATION DEADLINE: MAY 17, 2019**



# Ramp It Up! Participant Application 2019

*Application Deadline: May 17, 2019*

## General Information

One Week Session: Monday, June 17 to Friday, June 21, 2019

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Grade entering in school: \_\_\_\_\_

School: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Participant's E-mail Address: \_\_\_\_\_

Parent or Guardian Name:

\_\_\_\_\_

Parent or Guardian E-mail: \_\_\_\_\_

Parent or Guardian Cell/Work: \_\_\_\_\_/\_\_\_\_\_

Synagogue affiliation (if applicable): \_\_\_\_\_

How did you hear about Ramp It Up? \_\_\_\_\_

**How will you get to the site? (circle all that apply)**

Driving myself      Getting a ride from \_\_\_\_\_

Metro                  Carpool\*

Other \_\_\_\_\_

*\*A contact list will be distributed before the program starts so participants can make carpool plans. Site location will be announced about 2 weeks before the start of the program.*

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**Essay**

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.

*\*You may type up your answer on a separate piece of paper.*

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### 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.

<b>Activity</b>	<b>Position</b>	<b>Organization</b>	<b>Dates</b>

### References

Please give us the name and phone numbers of two references. None of the references may be relatives. Reference examples: employer, teacher, coach, scout leader, or community service supervisor.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Participant Agreement**

Due to the time constraints and seriousness of being on a construction site surrounded by power tools and potential hazards, we require that all participants read and sign the following agreement. If any terms are broken, Yachad reserves the right to dismiss any participant from the program with no refund or guarantee of SSL hours.

- I will attend each of the five days, for the entire day, unless pre-approved by my counselor.
- I will comply with all safety rules and instructions.
- I will follow ALL instructions of the carpenters and counselors at all times.
- I will participate in the educational opportunities and discussions.
- I will cooperate and act as part of a team to the best of my ability.

\_\_\_\_\_

Applicant’s signature	Date
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\_\_\_\_\_

Parent/Guardian signature	Date
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**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 \_\_\_\_\_ 201\_

\_\_\_\_\_  
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 \_\_\_\_\_ 201\_

\_\_\_\_\_  
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 \_\_\_\_\_