Summer Seminar Applications

There are four pieces to the application for the HAJRTP 2018 Summer Seminar. These four documents are in Adobe's *Portable Document File* (PDF) format. There are instructions below on how to work with PDFs using Adobe Reader. It is necessary to complete the application using Adobe Reader because **all applications must be submitted electronically**.

The first thing you must do is to download the applications. There are two ways you can download the applications from the HAJRTP website.

Before You Begin

In order to open these documents, you will need to download and use **Adobe Reader**. Adobe Reader can be downloaded at http://get.adobe.com/reader/. Adobe Reader is a free application.

If you already have Adobe Reader on your computer, make sure that you have the latest version. You can do this by opening the Adobe Reader you have on your computer, clicking on the Help menu, and scrolling down to **Check for Updates…**. You can also upgrade to the current version by pointing your web browser to http://get.adobe.com/reader/. (You should **uncheck** the box next to "Yes, install McAfee Security Scan Plus" on that web page, unless you do want to install the McAfee anti-virus program on your computer.)

Applications downloads available in PDF and Microsoft Word format

Read the following directions below BEFORE opening the files.

> Do not save the application forms with their original file names. Use the **Save as…** function in the **File** menu to save the file with **your last name** inserted before the file name like this:

- *YourLastName*_Health_Consent_Form_2018.pdf
- *YourLastName*_Medical Application 2018.pdf
- *YourLastName*_Program Application 2018.pdf
- *YourLastName*_Signature_Validation_Form_2018.pdf

Saving your files with the name change should allow you to open the file again later for editing. When you subsequently open these files and try to save them, a window will open telling you that you already have a file with this name. It's OK to save the file.

Click on each file's name above to download them to your computer.

1. Please change the names of each application file to include your last name as in the PDF application above.
2. Please complete these applications by filling them in on a computer rather than writing them out by hand.
3. Do NOT change the wording of the applications.

Completing the Applications

1. The Signature Validation Form

The first form you should complete and return is the Signature Validation Form. This form precludes you having to sign other parts of the application since by signing this form you are certifying that the information in the other forms is true, complete and accurate to the best of your knowledge. Since you will need to sign this form, it cannot be submitted electronically. You will need to return it either by fax or by mail. Instructions on how to return this form are included on the form itself.

2. The Medical Application Form

This form should be completed and returned electronically. It is an Acrobat form which means that the various fields need to be filled in on a computer. Many of the fields will expand to include all of the information you wish to include. Please save the completed form as a PDF. Email this PDF as an attachment to elaine@amgathering.org. Only electronically transmitted versions of the medical application will be accepted. Since you will not be able to sign this form, you must also have completed and submitted the Signature Validation Form. You should probably complete the medical application and share the information on it with your physician before he/she completes the Health Consent Form.

3. The Health Consent Form

Since it is possible to use electronic signatures with this file, two windows will open one after the other prompting you to validate signatures. Cancel out both of these windows. Fill in your name, save the file, and print a copy for your doctor to complete and sign.

The Health Consent Form needs to be completed and signed by your physician. Once completed, your physician should fax it to Elaine at 215-769-0229. Instructions on how to return this form are included on the form itself.

4. The Program Application Form

This is the main part of your application to the program. This form should be completed and returned electronically. It is an Acrobat form which means that the various fields need to be filled in on a computer. Many of the fields will expand to include all of the information you wish to include. Please save the completed form as a PDF. Email this PDF as an attachment to **elaine@amgathering.org**. Only electronically transmitted versions of the program application will be accepted. Since you will not be able to sign this form, you must also have completed and submitted the Signature Validation Form.

Submitting the Applications

Follow the directions for submission on each of the four application forms. Either attach your application to an email message and send it to **elaine@amgathering.org** or fax it to Elaine at 215-769-0229. Remember, **all applications must be submitted electronically**.

Applications will be evaluated by a committee as they are received, and spaces are filled on a rolling basis. Those who apply early have some advantage. All applications must reach our office no later than **Friday, March 16, 2018**.

Contact Information

Email **elaine@amgathering.org**

Or phone HAJRTP at 212-239-4230

HAJRTP
American Gathering
PO Box 1922
New York, NY 10156

HOLOCAUST AND JEWISH RESISTANCE TEACHERS' PROGRAM

Health Consent Form — Summer 2018

*Please complete this form **on a computer using Adobe Acrobat Reader**. Acrobat Reader can be downloaded at http://get.adobe.com/reader/. Please save this completed form as a PDF, print it and have your physician sign it. Fax the signed form to Elaine Culbertson at 215-769-0229, or scan the signed form and email it to elaine@amgathering.org. If you have any questions, please phone Elaine at 215-694-4353 or email her at her email address above.*

Dear Dr. _____

Your patient _____ has expressed interest in participating in the 2018 Holocaust and Jewish Resistance Teachers Program. This is a very strenuous and stressful program, involving a great deal of walking in Germany, and Poland.

By completing this Health Consent Form, you are **not** assuming any responsibility for our administration of this program. If, however, you are aware of any reasons, medical or otherwise, which might impact the ability of your patient to participate in this **physically demanding** and **emotionally stressful** program, please use the spaces below to provide sufficient detail.

If you have any questions regarding these matters, please call, the program director, Elaine Culbertson, at 215-769-4966.

*Please place your **initials** inside the box next to the appropriate statement and complete those which apply.*

☐ To the best of my current knowledge, I believe my patient, is **able to participate** in the 2018 Holocaust and Jewish Resistance Teachers Program (with the following caveats and/or recommendations, if any).

Comments:

☐ I do **NOT** recommend that my patient participate in the 2018 Holocaust and Jewish Resistance Teachers Program until such time as I have consulted with him/her again.

Comments:

(*Signature of health care provider who completed this form*) (*Date*)

(*Please print name*) (*Phone number*)

Directions for submitting this application form:

1. *Print out the file*
2. *Have your physician complete this form, sign it.*
3. *Fax the completed form to Elaine Culbertson at 215-769-0229*

HOLOCAUST AND JEWISH RESISTANCE TEACHERS' PROGRAM

Medical Application Form — Summer 2018

*Please complete this form **on a computer using Adobe Acrobat Reader**. Acrobat Reader can be downloaded at http://get.adobe.com/reader/. Please save this completed form as a PDF or scan it, then email it to elaine@amgathering.org. Only electronically transmitted applications will be accepted. **Deadline for application submission: Friday, March 16, 2018.** Since you will not be able to sign this form, you must also complete the Signature Validation Form. If you have any questions, please phone Elaine at 215-694-4353 or email her at her email address above.*

Name _____ Date _____

Address _____

City _____ State _____ ZIP _____

Phone _____ email _____

Emergency contact _____ Phone _____

Primary Physician _____ Phone _____

Medical History *Please check off your answers. Please answer all questions.*

Cardiovascular disease			☐ Yes	☐ No
Diabetes			☐ Yes	☐ No
Hypertension	☐ Yes, but controlled	☐ Yes and NOT controlled		☐ No
Arthritis (Rheumatoid or osteoarthritis)			☐ Yes	☐ No
Osteoporosis or osteopenia			☐ Yes	☐ No
Stroke in the past six months			☐ Yes	☐ No
Surgery in the past six months			☐ Yes	☐ No
Fractured bone in the past six months			☐ Yes	☐ No
Knee Operation - (*date*_____)			☐ Yes	☐ No
Hip Operation - (*date* _____)			☐ Yes	☐ No
Memory loss/dementia diagnosis			☐ Yes	☐ No
Use cane or walker			☐ Yes	☐ No
Allergies (please specify)			☐ Yes	☐ No

Additional Explanations of Medical History

Significant Health Events in the past 3 months *Please check off your answers*.

Chest Pain, shortness of breath, palpitations during exertion	☐ Yes	☐ No
Dizziness, falling, tripping (circle all that apply)	☐ Yes	☐ No
Painful joints, muscle pain or back pain (circle what applies)	☐ Yes	☐ No
Evaluation or treatment of newly diagnosed condition	☐ Yes	☐ No
Under the care of a medical doctor, physical therapist or other doctor in the past 6 months.	☐ Yes	☐ No

Additional Explanations of Significant Health Events in the past 3 months

HOLOCAUST AND JEWISH RESISTANCE TEACHERS' PROGRAM

Program Application — Summer 2018

*Please complete this form **on a computer using Adobe Acrobat Reader**. Acrobat Reader can be downloaded at http://get.adobe.com/reader/. Please save this completed form as a PDF and email it to elaine@amgathering.org. Only electronically transmitted applications will be accepted. **Deadline for application submission: Friday, March 16, 2018.** Since you will not be able to sign this form, you must also complete the Signature Validation Form. If you have any questions, please phone Elaine at 215-694-4353 or email her at her email address above*

Applicant's Name _____

Home Address _____

Home City _____ State _____ ZIP _____

Home Phone _____ Cell Phone _____

Email Address _____

Date of Birth _____

1. How long have you been teaching? _____
2. How much longer do you intend to teach? _____
3. Please list your college degrees (lowest to highest):

Degree & Major	College/University	Date Earned

4. Your Current School:

School's Name _____

School's Address _____

School's City _____ State _____ ZIP _____

School's Phone _____

School Administrator's Name _____

School Administrator's Phone # _____

5. Current Teaching Assignment(s) & Grade Levels _____

6. Have you taught the Holocaust before? ☐ Yes ☐ No

If your answer is yes, please describe

a) When? _____

b) How many class hours? _____

c) What, if any, issues did you have teaching this topic? _____

*Please note that the text boxes below will **scroll up & down** to accommodate your answers.*

7. Describe the community in which you teach (socio-economic, ethnic, size):

8. State the reasons you want to participate in this program, specifically stressing how you believe this program will affect your teaching.

9. List three to five of the most significant books ***and*** three to five of the most significant movies from which you have formed your own personal view of the Holocaust. Explain the significance of each to you.

10. If you have studied about the Holocaust in any other seminar, college course, or program, please list them, stating where and when you did this.

11. Have you traveled to Europe before? ☐ Yes ☐ No

    If you have traveled to Europe, please describe when, where, and why you went.

12. What are your human rights and/or Holocaust organization affiliation(s)?

13. Please provide contact information for three people who have **knowledge of your Holocaust teaching** and who can attest to your teaching abilities and commitment. They will be contacted. Please indicate if any of these people are alumni of this seminar.

a)

b)

c)

14. What specific steps might you take to convey the knowledge learned on this study tour to your students and colleagues? (Please be as thorough as possible in your reply.)

15. If you have a recent resume or *curriculum vita,* please include a copy with this application

16. ***This is a very physically strenuous and emotionally stressful program, involving a great deal of walking at places that are both physically and emotional demanding.***
    Please list any physical or emotional problems for which you have been, or are currently being treated. Upon acceptance to the program you will be required to send a statement, completed by your physician, attesting to your ability to participate **fully** in this physically and emotionally strenuous seminar.

All those accepted for this Seminar are expected to participate in the **entire** program. There will be **no** time off for individual sightseeing or private excursions. You may extend the trip through our travel agent at your own expense. Details will be given to those accepted to the program.

Participants who do not adhere to the staff's instructions and/or who willfully disregard the safety of the group **will be told to leave the program**.

Participants who cannot keep up with the group due to physical limitations **will be told to leave the program**. Please do not apply if you are unable to walk without assistance for several hours each day

My submission of a *Signature Validation Form* attests to my having completely and truthfully supplied the information requested in this application.

HOLOCAUST AND JEWISH RESISTANCE TEACHERS' PROGRAM

Signature Validation Form — Summer 2018

Please complete and sign the form below. This document requires a real signature, and not an electronic facsimile. Once the form is complete and signed, either

- *Fax this form to Elaine Culbertson at 215-769-0229, or*
- *Scan this form and email it to elaine@amgathering.org*
- *Mail this form to American Gathering of Jewish Holocaust Survivors at the address below.*

If you have any questions, please phone Elaine at 215-694-4353 or email her at her email address above

I, _____ hereby certify that the statements

PLEASE PRINT Name of Applicant

in the Holocaust and Jewish Resistance Teachers' Program application forms—The Program Application, Health Consent, and Medical Application forms—are true, complete and accurate. I am aware that any false, fictitious, fraudulent or misleading statements may result in not being accepted to the program and/or being dismissed from the program even while traveling outside the United States.

I have read and understand and agree with the above paragraph.

Signature _____ Date _____

Signature of Applicant

Name _____ Phone _____

PLEASE PRINT Name of Applicant

American Gathering of Jewish Holocaust Survivors
Holocaust and Jewish Resistance Teachers' Program
PO Box 1922
New York, NY 10156