



Walking the Walk

A Program of the Interfaith Center of Greater Philadelphia

Youth Application Packet 2011-2012

Informational Documents:

- One Page Program Overview
- *Walking the Walk* Code of Conduct

Submit the following completed documents and Student Participation Fee to the WTW Mentor at your congregation/school by August 15, 2011 to get an early registration discount.

- Youth Application
- Registration and Medical Information Form
- Release and Indemnity Form
- Release Form for Community Service Site

DEADLINE for all completed applications and fees to the Interfaith Center is **September 15, 2011**. Discount if application and payment in full is received by August 15, 2011

A Program of the Interfaith Center of Greater Philadelphia



WALKING THE WALK

Groups of high school youth selected from neighboring congregations gather 13 times during the school year for...

❖ **Community building**

Ask questions, deepen interfaith understanding and make friends

❖ **Interfaith engagement**

Explore shared values as well as distinctive traditions

❖ **Service learning**

Volunteer at a community-based agency

❖ **Creative reflection**

Reflect on experiences through the arts

Walking the Walk

Code of Conduct 2011 - 2012



All involved with *Walking the Walk* (high school age youth, adult mentors, and group leaders) commit to being a part of an intentional community that is both fun and respectful, and we agree to uphold the following guidelines:

1. **Timely and full participation** in ALL *Walking the Walk* sessions and activities. Since this is a learning initiative that involves the development of relationships in a group, it not only causes disruption and but also, important voices are missed when someone is absent. If an absence is absolutely necessary, youth agree to inform their Group Leader and Adult Mentor with as much advance notice as possible.
2. **Respectful treatment** of fellow *Walking the Walkers* and all the people involved at the places where we are guests.
 - We agree not to do or say anything which would potentially be harmful to the health, safety and well-being of him/her-self and/or other persons, including: (1) malicious or insensitive actions or remarks and (2) hurting another person physically or emotionally.
 - We agree to respect the opinions and beliefs of others in the group, and we agree to be patient participants in situations of newness and challenge, disagreement and stress.
 - We agree to respect the supervising responsibility, expectations, and reasonable requests of adult mentors and group leaders.
3. **Strict avoidance of any actions that would endanger** ourselves, other people or property, including:
 - Violation of fire regulations
 - Destruction, misuse or theft of property belonging to another
 - Possession or use of weapons
 - Possession or use of alcohol or illegal drug
 - Any other illegal activity

Such action, possession or use seriously undermines the safety of the community and can result in immediate dismissal from the program.
4. **Communication of problems or concerns** to the appropriate Adult Mentor and/or Group Leader. Discretion will be maintained in situations where it is necessary to report inappropriate or harmful behavior of any youth or adult participant.
5. **Learning, enjoying, and honoring each other's experience and knowledge.** We represent our own congregation and faith tradition, and are here to share its beauty and richness with one another.

4. *Walking the Walk* meets 13 times during the school year, usually on Sunday afternoons. Does this schedule conflict with any of your other commitments? Please explain.

Student Participation Fee: A Student Participation Fee of \$325 made payable to the Interfaith Center of Greater Philadelphia is due to the Interfaith Center by September 15, 2011. **EARLY REGISTRATION DISCOUNT:** IF payment in full is received by August 15, there is a \$50 discount (\$275 per student).

The Participation Fee can be paid by the student's family and/or congregation/school, or through a special fundraising event. If you need financial assistance, talk to your Religious Leader and/or WTW mentor. **Need-based scholarships will be made available upon written request. Submit written requests for scholarships to Marjorie Scharf at mns@interfaithcenterpa.org or call her with questions at 215-222-1012. Please include the amount for which you are asking for a scholarship.**

Participant Agreement: I, _____, have read the Program Overview and Code of Conduct for *Walking the Walk*. If selected, I am committed to being an active participant at all of the program sessions, and agree to abide by the expectations outlined in these documents.

Participant Name (print) Participant Signature Date

Permission / Agreement: If selected, _____ (name of child), has my permission to participate in *Walking the Walk*. I have read the Program Overview, Calendar, and Code of Conduct, and I understand that I am responsible for supporting my child to participate in all of the sessions, including arranging transportation and completing the forms listed below.

Parent/Guardian Name (print) Parent / Guardian Signature Date

In addition to this form, please include with your application:

- Registration and Medical Information Form
- Release and Indemnity Form
- Release Form for Community Service Site

Please submit your completed application and Student Participation Fee to the *Walking the Walk* Mentor at your congregation or school. (They need to send all forms to the Interfaith Center by September 15, 2011.)



Walking the Walk
Registration and Medical Information
2011 - 2012

INFORMATION ABOUT YOU: Please print clearly.

First and Last Name: _____

Street Address: _____

City, State, ZIP Code: _____

Date of Birth: _____

Home Phone #: _____ Cell #: _____

E-mail Address: _____

What is the best way to contact you? _____

Current Grade in School (check 1):

- | | |
|---|---|
| <input type="checkbox"/> 9 th grade | <input type="checkbox"/> 12 th grade |
| <input type="checkbox"/> 10 th grade | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> 11 th grade | |

Name of School: _____ **School District:** _____

What is your religion? (pick the one that best fits you)

- | | |
|--|--|
| <input type="checkbox"/> Baha'i | <input type="checkbox"/> Jewish |
| <input type="checkbox"/> Buddhist | <input type="checkbox"/> Latter-Day Saint (Mormon) |
| <input type="checkbox"/> Catholic Christian | <input type="checkbox"/> Muslim |
| <input type="checkbox"/> Orthodox Christian | <input type="checkbox"/> Sikh |
| <input type="checkbox"/> Evangelical Christian | <input type="checkbox"/> Unitarian Universalist |
| <input type="checkbox"/> Protestant Christian | <input type="checkbox"/> Non-religious/Secular |
| <input type="checkbox"/> Hindu | <input type="checkbox"/> Other: _____ |

What is the name of the religious community to which you belong?

- Name: _____
- I don't belong to a particular one

Ethnic / Racial Background (check 1):

- | | | |
|---|--|--|
| <input type="checkbox"/> Am. Indian / Alaska Native | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Arab American |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> Two or more races |
| <input type="checkbox"/> Black or African Am. | <input type="checkbox"/> White | <input type="checkbox"/> Other _____ |

Medical Information and Emergency Contacts

PLEASE PRINT CLEARLY:

1. Parent/Guardian (*main contact*):

Name _____

Relationship _____

Address: _____ Zip: _____

Phone: Cell _____ Home _____ Work _____

E-mail Address _____

2. Second Parent/Guardian:

Name _____

Relationship _____

Address: _____ Zip: _____

Phone: Cell _____ Home _____ Work _____

E-mail Address _____

3. If parent or guardian cannot be reached:

Name _____

Relationship _____

Phone: Cell _____ Home _____ Work _____

Medical Information: If the student has any condition that might require medication, accommodation and/or special attention, please detail the condition and explain any measures that are needed to provide proper care.

Does your child have any allergies? Yes _____ No _____ Please list: _____

Medical information such as medications or illness, etc. _____

(Attach additional/more detailed information if needed)

Physician Name _____ **Phone** _____

Medication: If the project staff or congregational liaison needs to administer medication during program hours, call the office, 215-222-1012, to get a special permission form.

Medical treatment: In the event that the student is in need of medical treatment or hospital consultation, treatment or admission, every effort will be made to contact a parent/guardian for authorization. Should the staff be unable to establish contact with a parent/guardian, such care is hereby authorized. I give authorized personnel permission to perform any first aid treatment deemed necessary for the student's well-being.

Signature of Parent / Guardian: _____ **Date** _____

Please print name clearly: _____

Walking the Walk

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT 2011 - 2012



By signing this document, you allow the participant named below to participate in *Walking the Walk*: a Program of the Interfaith Center of Greater Philadelphia under the provisions below.

Permission to Participate and Liability

IN CONSIDERATION of the below participant being permitted to participate in activities of the Interfaith Center of Greater Philadelphia ("IFC") EACH OF THE UNDERSIGNED, for himself/herself, his/her personal representatives, heirs, and next of kin, and minors for whom he/she is the parent or guardian ACKNOWLEDGES, AGREES AND REPRESENTS THAT HE/SHE:

1. RELEASES the IFC its directors, officers, agents and employees, from all liability to the participant, his/her personal representatives, assigns, heirs and next of kin and minors for whom he/she is the parent or guardian for any and all loss or damage, and any claim or demands therefore on account of injury to the participant's person or property or resulting in death, whether caused by the negligence of the IFC or others, while the participant is participating in activities of the IFC.
2. AGREES TO INDEMNIFY AND HOLD HARMLESS the IFC parties and each of them from any loss, liability, damage, attorneys fees and costs, or cost they may incur due to the participant's participating in activities of the IFC, or in transporting participant to or from activities, whether caused by the negligence of the IFC, any participant or any other person or entity.
3. ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to the negligence of IFC parties or others while participating in activities of the IFC.

Medical Permission

4. GRANTS PERMISSION to the agents, servants and employees of the IFC TO OBTAIN NECESSARY MEDICAL SERVICES for the participant should he/she not be capable or in the event of a minor, the IFC is unable to reach the undersigned parent or guardian.
5. GRANTS PERMISSION to the IFC to ADMINISTER NON PRESCRIPTION DRUGS as needed with the exception of those listed as allergens in accompanying medical information.

Final Approval

- 6. The parent/guardian/participant further expressly agree that: (a) the FOREGOING RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS IS PERMITTED BY THE LAW OF THE COMMONWEALTH OF PENNSYLVANIA; (b) the law of the Commonwealth of Pennsylvania shall apply to this Release and Waiver of Liability and Indemnity Agreement: and (c) if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.
- 7. THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducements apart from the foregoing written agreement have been made.

Use of Photos and Materials Created in the Program

- 8. GRANTS PERMISSION for the Interfaith Center and program and community service partners USE ANY PHOTOS, FILM, VIDEOS OR TAPES, ART WORK AND WRITING of the participant in any documentation, publication and publicity of its activities.

Please check one below:

_____ I agree to all of the above provisions.

_____ I agree to all of the above provisions, EXCEPT the use of photos of the participant as described in item number 8 above. I do NOT grant permission for the Interfaith Center and program and community service partners to USE ANY PHOTOS, FILM, VIDEOS OR TAPES, ART WORK AND WRITING of the participant in any documentation, publication and publicity of its activities.

Name of participant: _____

Name of Parent / Guardian: (please print clearly) _____

Parent / Guardian Signature: _____ Date: _____