

What are you looking to take away from the program? Please continue to another page if necessary.

What are your community service interests and why? Tell us about an impactful community service experience you've had in the past.

Tell us about yourself. What do you like to do? How are you already involved in your congregation, community, or school? What else would you like us to know about you?

*Note: This program is modeled after methods and programs of other interfaith and service-learning organizations. Please see our website for a list of references. www.interactcleveland.org under Our Service Programs

Photo Release Form

Photographs and videos will be taken during various stages of InterAct Youth Fellows for use by InterAct Cleveland as it sees fit (for example newsletters).

I, _____, hereby give InterAct Cleveland permission to use, display, and/or publish the photographs or video taken of me during InterAct Youth Fellows 2009 program. I hereby release, discharge, and agree to hold harmless InterAct Cleveland from and against any liability as a result of any distortion, blurring, or alteration that may occur in the taking, processing, or reproduction of the finished product.

Parent/Legal Guardian or Participant if over 18

Print

Date

**InterAct Youth Fellows 2009
Code of Conduct Agreement**

We are all students coming together to learn about and deepen our understanding of our own and other religious traditions while impacting the community through direct service. In order to create a safe space optimal for mutual learning, sharing, and acting, we commit to the following Code of Conduct:

1. We come to each session timely, prepared and ready to actively participate. *If an absence is absolutely necessary the InterAct Volunteer Administrator must be informed at least a week prior to the event. Unexcused absence from more than two events is subject to dismissal.*
2. We come with open ears and minds to learn about others and ourselves with the aim of mutual understanding and appreciation, not persuasion or syncretism.
3. We speak honestly from our own experience using ‘I’ statements. *We understand each other as individual experts of their own personal religious experience, not as representatives of their religion or religious community. We recognize that we don’t know everything about our own or others’ religions and that it’s ok to say “I don’t know.”*
4. We care for others’ physical, emotional, and mental well-being. *We show respect for the opinions, practices and beliefs of others by refraining from making negative remarks, judgments, criticisms, or interrupting the storyteller. We respect confidentiality when requested.*
5. We ask respectful questions aimed at clarification and furthering the conversation, not at challenging the speaker.
6. We will be patient when it’s difficult to listen to, understand, and/or appreciate what others are sharing and will continue to treat the individual with respect during these times.
7. We speak on topic and within the allotted time to allow others the opportunity to share. All participants have an equal opportunity to share or to pass.
8. We respect the space and property of others, including where we meet and where we serve.
9. We communicate problems, concerns, or constructive ideas to the InterAct Cleveland Volunteer Administrator in a timely manner. We share experiences and questions with our Mentor.
10. We avoid the possession or use of weapons, illegal drugs, or other illegal activities.

I, _____, have read the program overview and Code of Conduct and agree to being an active participant in the InterAct Youth Fellows program according to the expectations set forth.

Participant Signature

Print

Date

InterAct Youth Fellows 2009 Parental Permission Form

I, _____, give permission for _____ (child's name) to participate in the InterAct Youth Fellows 2009. In doing so, I commit to supporting my child in this experience, encouraging them to attend all events, and arranging all necessary transportation.

Parent/Legal Guardian Signature

Print

Date

Availability

My child is not available on the following dates/times: _____

Medical Information and Emergency Contact

Does the Fellow have any of the following?

- Special Diet Allergies Medication Chronic/Recurring Illness
 Surgery or serious illness in the past year Physical Conditions that may limit activity

If yes, explain below. Use additional paper if necessary.

Is there anything else you would like us to know about your child? _____

Emergency Contact 1 (Parent/Legal Guardian):

Name: _____

Relationship to Fellow: _____

Address: _____

Phone 1: _____

Phone 2: _____

Email: _____

Emergency Contact 2:

Name: _____

Relationship to Fellow: _____

Address: _____

Phone 1: _____

Phone 2: _____

Email: _____

I authorize adult leaders supervising this activity to administer emergency treatment to _____ (child's name) for any accident or illness and to act in my stead in approving necessary medical care. This authorization shall cover this activity and transportation to and from it.

Parent/Legal Guardian Signature

Print

Date