



## Delaware Jewish Teen Philanthropy Initiative Teen Registration Form

The Delaware Jewish Teen Philanthropy Initiative will offer our 9th-12th grade teens an opportunity to take the reins when it comes to giving. Learning Jewish values related to charity, organizing fundraisers, reading grant proposals, conducting interviews of local organizations, and allocating funds will encourage our teens and demonstrate that they are an important asset to the local Jewish community. The hands-on experiences and the glimpses into the world of philanthropy will help build our community to make us Grow Stronger TOGETHER.

**Instructions: Please complete Teen Registration Form and submit to JFD via email at [Shari@shalomdel.org](mailto:Shari@shalomdel.org) or mail completed form to:**

Jewish Federation of Delaware  
ATTN: Shari Dym – Teen Philanthropy  
101 Garden of Eden Rd  
Wilmington, DE 19803

**Payment can be made via check, payable to the Jewish Federation of Delaware, and mailed in with Registration Form or via credit card by calling the JFD Office at (302) 427-2100.**

### **Registration Fee**

\$18 registration fee (includes all programming costs).

The team of teens will work together to fundraise the team goal of \$1800.

Please note that you will not be turned away for lack of funds. Contact **Program Coordinator, Philippa Miller**, directly, for private information regarding scholarships at [Philippa@ShalomDel.org](mailto:Philippa@ShalomDel.org)

### **Save the Dates**

Sunday, October 14

Sunday, December 16

Sunday, May 12

Thursday, June 6

\*Time TBD, each meeting will be approximately 2-3 hours.



### Delaware Jewish Teen Philanthropy Initiative Teen Registration Form

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

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

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

Email address: \_\_\_\_\_

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

Parent Cell Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Synagogue Affiliation: \_\_\_\_\_

School/Grade 2018-2019: \_\_\_\_\_

How did you hear about this program?

\_\_\_\_\_

Why are you interested in a Jewish teen philanthropy program?

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



## Delaware Jewish Teen Philanthropy Initiative Teen Registration Form

**Emergency Contact and Information:**

Please provide an emergency contact in the event that a parent cannot be reached:

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

Phone Number: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

**In case of emergency, do you allow DJTPI advisors to call your doctor/dentist and/or take your child to the hospital to receive necessary emergency treatment?     Yes     No**

Doctor Name: \_\_\_\_\_ Doctor Number: \_\_\_\_\_

Dentist Name: \_\_\_\_\_ Dentist Number: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Other Info: \_\_\_\_\_

**Teen Signature:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_