

**HOLOCAUST & JEWISH RESISTANCE TEACHERS PROGRAM
APPLICATION
SUMMER 2010 PROGRAM**

(Please clearly print, type or word-process your responses on this application form.)

Name: _____

Home Address: _____

City _____ State _____ Zip _____

Home Phone (___) _____ e-mail address _____

Cell Phone (____) _____

1. How long have you been teaching? _____

2. Please list your college degrees (lowest to highest):

<u>Degree College/University</u>	<u>Date Earned</u>
_____	_____
_____	_____

3. Name and Address of Current School:

City/State/Zip _____ Phone: _____

4. Current Teaching Assignment(s) & Grade Level: _____

5. Have you taught the Holocaust before? _____

6. If your answer is yes, please describe: (a) When _____

(b) How many class hours _____ (c) Curriculum issues, if any _____

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

8. Please give us, either below or on a separate sheet, a brief narrative biography, stressing the reasons why you want to participate in this program:

9. What are the most significant books and movies from which you have formed your own personal view of the Holocaust? Explain their importance to you:

10. What kind of group travel have you done? _____

11. Union and/or human rights and/or Holocaust organization affiliation:

12. List three individuals who have knowledge of your Holocaust teaching and who can attest to your teaching abilities and commitment. They will be contacted. Are any of these three alumni of this seminar? If so, who?

If you have a recent resume or *Curriculum Vita*, please include a copy with this application. If you need additional space for any of the above questions, please feel free to use another sheet, indicating the appropriate question number.

13. All those accepted for this Seminar are expected to participate in the entire program.
THIS IS A VERY STRENUOUS AND STRESSFUL PROGRAM.

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 IN THIS PHYSICALLY AND EMOTIONALLY STRENUOUS SEMINAR.

Participants who do not adhere to the staff's instructions and willfully disregard the safety of the group can expect to be asked to leave the program.

I have completely supplied the information requested in this application.

Name: _____ Date: _____

PLEASE SEND YOUR COMPLETED FORM TO:

HOLOCAUST & JEWISH RESISTANCE TEACHERS PROGRAM
c/o Jewish Labor Committee
25 East 21st Street — 2nd Floor
New York, NY 10010

opeiu:153

The HOLOCAUST & JEWISH RESISTANCE TEACHERS PROGRAM is sponsored by the
American Gathering of Jewish Holocaust Survivors
American Federation of Teachers
Educators Chapter, Jewish Labor Committee

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