

24 Adar 2, 5784

April 3, 2024

Shalom Parents and Students,

The Religious School is now recruiting students in Grades 8-12 for the Madrichim positions for the 2024-2024 academic year. Madrich / Madricha (Madrichim) are teens who help Jewish learning in an informal way; ie. camp counselor, youth leader, teacher's assistant, guide, program leader, etc.

A Madrich / Madricha may volunteer for the Religious School and apply their hours toward their Community Service requirement at school, or they may receive a stipend. Students who are interested in this position should apply at the Religious School office. Students must commit to working the whole year and to participating in all leadership training sessions.

The Religious School Program will run on Sundays 9:00-11:30am, Mondays 3:30-5:30pm, Wednesdays 2:30-5:30pm, Thursdays 3:30-5:30pm, and Saturdays 10:00am-12:00pm. The stipend for each day is \$20. Students may choose the day(s) of the week that they would like to work. Students who choose to be paid will receive their stipend at the end of each month.

Madrichim attends all faculty meetings on Sunday mornings, the opening of the year training sessions, and must participate in three leadership training sessions throughout the year.

The opening of the year training sessions will be on **Sunday, August 25, 2024, at 9:00am-12:00pm and Monday, August 26, 2023 at 4:00-6:00pm**

Madrichim Leadership Training Program:

Sunday September 15, 2024	11:30am-12:00pm
Sunday, December 1, 2024	11:30am-12:00pm
Sunday, March 16, 2025	11:30am-12:00pm
Sunday, May 11, 2025	11:30am-12:00pm

Faculty and Madrichim Meetings:

September 8, 2024	8:00am-8:45am
October 6, 2024	8:00am-8:45am
November 3, 2024	8:00am-8:45am
December 1, 2024	8:00am-8:45am
January 5, 2025	8:00am-8:45am
February 2, 2025	8:00am-8:45am
March 2, 2025	8:00am-8:45am
March 2, 2025	8:00am-8:45am
May 4 , 2025	8:00am-8:45am

Upon successful completion of the Leadership Training Program, students will receive a Certificate of Completion.

For additional information please call Temple Israel office at 781-7843986

Sincerely,



Dr. Ella Levy
Director of Youth Education and Programming

MADRICHIM REGISTRATION FORM 2023-2024

ALL INFORMATION ON THIS FORM MUST BE COMPLETED FULLY

NAME: _____

PHONE: _____

EMAIL: _____

PARENT OR GUARDIAN INFORMATION

NAME _____

HOME PHONE _____

CELL _____

WORK PHONE _____

EMAIL ADDRESS _____

OCCUPATION _____

MAILING ADDRESS _____ ZIP _____

PARENT OR GUARDIAN INFORMATION

NAME _____

HOME PHONE _____

CELL _____

WORK PHONE _____

EMAIL ADDRESS _____

OCCUPATION _____

PLEASE INDICATE ANY ADDITIONAL ADDRESS FOR MAILINGS:

MEDICAL INFORMATION

PHYSICIAN: _____ PHONE #: _____

HEALTH INSURER: _____ GROUP # _____ POLICY # _____

IN THE EVENT THE SCHOOL IS UNABLE TO REACH ANY OF THE PREVIOUSLY NAMED PERSONS, I / WE GIVE PERMISSION FOR THE SCHOOL TO HAVE MY CHILD TRANSPORTED TO THE NEAREST SOURCE OF EMERGENCY CARE. I / WE AUTHORIZE MEDICAL RECORDS OR OTHER MEDICAL INFORMATION, FURNISHED TO TEMPLE ISRAEL OF SHARON WILL BE SHARED WITH EMPLOYEES AND EMERGENCY PERSONNEL WHO HAVE A LEGITIMATE MEDICAL PURPOSE FOR ACCESSING SUCH RECORDS AND INFORMATION.

IT IS IMPORTANT FOR US TO KNOW, FOR YOUR CHILD'S HEALTH AND SAFETY, ABOUT ANY MEDICAL CONDITIONS YOUR CHILD(REN) MAY HAVE. PLEASE INCLUDE ALLERGIES, HEARING AND VISION AIDS, MEDICATIONS, ETC. BECAUSE OF THE RISE IN SEVERE SYSTEMIC AND POTENTIALLY FATAL ALLERGIC REACTIONS IN ALLERGIC INDIVIDUALS, TEMPLE ISRAEL OF SHARON IS A PEANUT / TREE NUT FREE SCHOOL. ADD THIS INFORMATION BELOW.

TEEN NAME:

INFORMATION:

I / WE DECLARE THE INFORMATION ON THIS FORM IS ACCURATE AND I / WE WILL NOTIFY SCHOOL ADMINISTRATION IMMEDIATELY OF ANY CHANGES.

PARENT'S/GUARDIAN'S SIGNATURE

_____ DATE _____

PARENT'S/GUARDIAN'S SIGNATURE

_____ DATE _____

MEDIA RELEASE FORM

I UNDERSTAND THAT MY CHILD'S PICTURE MAY APPEAR IN NEWSPAPERS, ON TELEVISION, THE INTERNET OR TEMPLE ISRAEL OF SHARON WEBSITES, IN TEMPLE ISRAEL OF SHARON PUBLICATIONS, OR OTHER COMMUNICATION TOOLS TO PROMOTE TEMPLE ISRAEL OF SHARON

_____ I WILL ALLOW MY STUDENT(S) TO BE RECORDED, PHOTOGRAPHED OR "LIVE STREAMED" AND INCLUDED FOR THE PURPOSES EXPLAINED ABOVE.

_____ I WILL NOT ALLOW MY STUDENT(S) TO BE RECORDED PHOTOGRAPHED AND INCLUDED FOR THE PURPOSES EXPLAINED ABOVE.

PARENT OR GUARDIAN (PRINT NAME LEGIBLY) _____
PARENT OR GUARDIAN SIGNATURE

DATE: _____