

Nadiv

“As one we succeed”

Membership Application

This application must be filled out in its entirety for each child to participate in program.

You must be a member of the youth department to participate in the program.

Member's First Name _____ Last Name _____
Date of Birth _____ M _____ F _____
Youth Cell _____ Parent/Guardian Phone _____
Street Address _____
City, State, Zip _____
Youth Email _____ Parent's Email _____
School Name _____
Allergies (food or other), medications, or disabilities, of which Nadiv needs to, know?

Please list 2 contacts in case of an emergency

<u>Name</u>	<u>Phone #</u>	<u>Relation</u>
1. _____	_____	_____
2. _____	_____	_____

The above information is true to the best of my knowledge.

Parent & Participant Signature _____ Date _____

Applicants will be selected by application and interview process.

10 to 15 young leaders will be selected.

Applicants must provide own transportation to programs sites.

Questions:

1. What are the qualities an individual needs in order to meet Nadiv's goals?
2. What do you believe you can bring to Nadiv?
3. What do you expect to achieve from Nadiv?
4. Of Nadiv's goals, which do you feel is most important to you and why?
5. What social action project/s do you feel would be most valuable and why?
6. What are society's most important subjects that are not discussed?

Answers must be typed and doubled space.