

RETURN TO
 LOCAL AGENCY OR FEDERATION

Central Office
International March of The Living
 2 West 45th Street, Suite 1500, New York, NY 10036
 Tel: (212) 869-6800
 Fax: (212) 869-6822

Please attach 2
 passport size photos.

Sign and print your
 name on the back of
 each photo as it
 appears on your

Please check a box below if appropriate:

- I am a Holocaust survivor
- I am a child or grandchild of a survivor

NAME OF APPLICANT

.....

SOCIAL SECURITY NUMBER

.....

INSTRUCTIONS TO APPLICANT

(Please read carefully before completing. Type or print legibly in pen.)

1. Answer all questions on this Application Form. Please type or print clearly. Answer all questions fully. If you wsd give additional information, attach an extra sheet. Be sure to attach two (2) passport type photos of yourself where indicated above.
2. The medical form **must** be completed by you and your physician and must be submitted with the application. **No application will be considered for approval without the medical form.**
3. A personal interview will be the final prerequisite to your being accepted in the program. Upon receipt of your application and Medical Form you will receive notification for this interview.
4. Retain copies of your completed Application and Medical Form in the event that the originals are lost.
5. Return all forms to the address listed above.
6. We recommend that you purchase trip cancellation insurance.
7. Include a \$500 refundable deposit to **March of The Living**. Write your name and social security number on the check. **No application will be considered without this deposit.**

Name of Applicant: Social Security No.

GENERAL INFORMATION

Name as Appears on Passport.....
Last First Middle Maiden Name
Name you prefer to be called Hebrew Name Male Female Do you smoke?.....
Address.....CityState Zip.....
Telephone # (Day) Telephone # (Night) Email
Name of Business.....Cellular #
Date of BirthAge..... When did you come to the USA?.....
Employer's Name..... Address..... Position.....
Passport you travel with: Country..... Passport #..... Expiration Date:
Citizen of Israel Yes No Israeli Passport # Expiration Date:.....
Country of Citizenship Country of Residence.....
Health Insurance Coverage: Company..... Policy #
Emergency Contact, in the United States, if spouse is not available: Name:
Relationship Telephone # (Day) Telephone # (Night).....

PERSONAL DATA

Marital Status: Name of Spouse/ Significant Other
Names and Ages of Children
What are your special interests, hobbies, or talents?
Please check areas of talent or interest: Singing Playing a musical instrument Art Acting Videography
 Public Speaking Writing/Creative Writing Photography Computer "Techie"
Would you take a musical instrument with you on the March? Yes No What instrument?
What is your religious affiliation (if any)?
Have you ever been arrested or convicted of any misdemeanor or felony? Yes No
If yes, please explain

PROFILE

Have you suffered a significant loss recently? Please describe:.....
Are you or any of your immediate family members survivors of the Holocaust? List:
Relationship.....
Did you lose any close family relatives in the Holocaust? List:
Relationship.....
Have you ever been to Poland?.....Have you ever been to Israel?.....

Other Languages Which You

Speak

Read

Write

Fluent/Good/Fair

Fluent/Good/Fair

Fluent/Good/Fair

Hebrew

Yiddish

Polish

Other (specify)

EDUCATIONAL DATA

Highest Degree Attained

High School

Masters Degree

Bachelor's Degree

Doctorate

Travel Experience (U.S.A., Canada, Abroad)

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Israel Experience

Name of program.....Date(s) attended.....

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APPLICANT AGREEMENT

1. The undersigned intends to participate in the March of The Living ("The March"). In connection with his or her participation, the undersigned hereby agrees to abide by the rules and regulations of the March.
2. The undersigned is providing medical information to the leadership of the March on the forms enclosed with this Applicant Statement. The undersigned represents that all of the information contained in such forms is true and correct. The undersigned has read the Medical Form and agrees to abide by the conditions contained therein. All medications taken by the undersigned are detailed on the medical form or in any letters accompanying the medical form. The undersigned hereby authorizes the leadership of the March to obtain treatment for him or her as it, in its sole and absolute discretion, deems necessary and advisable. The costs of any medical treatment provided shall be the responsibility of the undersigned
3. The undersigned agrees to hold the March of The Living, Inc. ("March"), The Central Agency for Jewish Education, Inc. ("CAJE") (as well as any other organizations participating in any activities relating to the March) and the leadership of these organizations, harmless from any claim, loss, damage, injury, liability or expense (including attorney's fees) which the undersigned might sustain or incur in connection with, as a result of, or by reason of their participation in the March or any of the activities relating thereto. The organizations sponsoring the March operate the tour offered under this program only as agents of the airline, bus operators and others which provide the actual arrangements, and are not liable for any act, omission, delay, injury, loss, damage, or non-performance occurring in connection with these arrangements.
4. The undersigned also understands that he/she is expected to participate in all orientation and pre- March courses that will take place in his/her community.
5. Please note that while all food on the March of The Living is Kosher, we cannot provide for special dietary needs. Contact your local office to discuss special needs.

Executed this day of,

Applicant Name (Print).....Signature

