



JFGH's Teens of Northern Virginia (TOVA) Board Registration Form 2012

JFGH's TOVA Board empowers teens to work together in deciding how to distribute up to \$8,000 in grants that impact JFGH programs and initiatives in Northern Virginia which support individuals with disabilities. We ask that the family of each teen participant contribute \$100 toward the collective funding pool, with at least a portion of the money coming from the teen themselves. The funding pool will be augmented by a JFGH donor, and the teens ultimately decide on JFGH grant awards as a group.

Please complete all fields. An incomplete application cannot be processed.

Participant Name _____ Grade in 2011-12 _____

Address _____

City _____ State _____ Zip _____

Home Phone _____

Participant E-mail (used only for program communications) _____

School _____

Congregation (if applicable) _____

Parent/Guardian I Name _____

E-mail _____

Address if different than participant's _____

Home Phone _____ Cell _____

Parent/Guardian II Name _____

E-mail _____

Address if different than participant's _____

Home Phone _____ Cell _____

Who should receive communications regarding this program (please check all that apply):

Parent I Parent II Other (i.e. stepparent, grandparent, etc.)
Name _____ E-mail _____ Phone _____ Relationship _____

What is your current relationship to JFGH/if any?

___ I'm new to connecting with JFGH ___ Donor ___ Volunteer ___ Family member is a resident or receives services ___ Family member is a board member/former board member/volunteer

Friend to Recommend?

Name of a friend you would like to be in a group with: (This can be a friend you know who may be registering, or a friend who may not know about JFGH or this program.)

Name _____ Phone _____

E-mail _____

Participation Agreement

Please read the following commitment statement. Participant and parent should sign in the designated space.

We understand regular attendance and active participation are critical to the success of the group. By signing below, I commit to this effort.

Participant Signature _____

Parent/Guardian Signature _____ Date _____

Please note: Photos of participants taken at programs may be used on JFGH materials. Please notify us, in writing, if you do not want your teen's photo included; JFGH may also list participant names in communications with your school, congregation or local newspaper.

Please return this form by December 16, 2011. Be sure to enclose a check made payable to JFGH for the teen tzedakah portion of \$100 and note JFGH TOVA Board in the memo section.

Jewish Foundation for Group Homes
1500 East Jefferson Street
Rockville, MD 20852

Questions? Contact Lisa Gerton at LGerton@JFGH.org, or (240) 283-6009.