



2009-2010 Visiting Faculty Form

★ This form must be returned to PANIM 6 WEEKS before the seminar. Please Do Not Alter This Form ★
Please PRINT all information clearly

Seminar Date: _____ Group/Agency Name: _____

Title, First & Last Name: _____ Male, or Female Date of Birth: _____

What name would you like to be printed on your nametag?: _____

Social Security #: _____ Country of Origin: _____ Country of Citizenship: _____

Driver's License Number: _____ State of Issue: _____

Information on the lines above are needed for a background check (see back) and for a possible visit to the White House Executive Office Building while on seminar. If this information is not provided to us by three weeks before the seminar, we cannot guarantee that the visiting faculty will be able to attend the seminar as all staff are required to be pre-screened. After the program, all forms are shredded. Please contact us with any questions.

Relation to group attending: _____ Job Title: _____

Please send seminar material to my: Home or Work Address. (Put the preferred address below)

Street: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Cell Phone: _____ Best time/place to call you: _____

E-mail Address: _____ T-Shirt Size: S M L XL XXL XXXL

Bag lunch request: corned beef turkey pita & hummus peanut butter & jelly

All meals are strictly kosher. Please list any dietary restrictions (ie. Vegetarian) or any food allergies: _____

Name of other visiting faculty you would like to room with: _____

*If you would like a single room, you must consult your agency's contact person.
PANIM can only accept single room requests made by the Agency Contact.*

Emergency Contact Name: _____ Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

PANIM will not be responsible for medical bills. Please provide your own medical insurance information:

Name of Insurance Company: _____ Policy Number: _____

Name of Policy Holder: _____ Group Number: _____

If you have any condition (medical, etc.) that might require special attention, please detail the condition and explain any measures that are needed to provide proper care: _____

- PANIM will not be held responsible for theft, loss, or damage to Visiting Faculty's personal property.
- PANIM may use slides, photographs, or videotapes of me in connection with the seminar.

I certify that I have read the information above and the responsibilities on the next page, that I have photocopied both pages for my records, that the information provided is true and that I will inform PANIM of any changes.

Visiting Faculty Signature _____

Date _____

The PANIM Institute for Jewish Leadership and Values

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For Office Use Only Date Received: _____ Seminar Type: _____ PeP/ODS/PDS _____

Visiting Faculty Responsibilities

Below you will find a brief description of the role and responsibilities of the Visiting Faculty who attend our seminars. We regard you as an integral part of our program. As such, we ask that you play a variety of roles and fulfill a number of responsibilities during the course of your seminar.

Preparing the students prior to the trip: It is very helpful to arrange several orientation sessions for participating students in the weeks leading up to your departure for Washington. Students get more out of the seminar when they have had some preparation. We suggest that you copy the materials we will send to you and have your students read them before leaving for Washington.

Facilitating small group discussions: We typically ask the Visiting Faculty to serve as facilitators for *Limudim* (study sessions), small group discussions which are related to presentations by policy experts. In such instances you will be assigned a random group of 8-12 students from among all of the participating agencies. You need not be an expert on the assigned topic to be an effective facilitator and, in fact, **we stress that you avoid adopting a frontal teaching style during these short breakout sessions.** Rather, **we are counting on you to ask leading questions about the issue at hand, play “devil’s advocate”, and see to it that all students in your group contribute to the discussion.** The unit(s) will be included in your Visiting Faculty packet which will be sent to you a few weeks prior to the seminar. The unit(s) will help you become familiar with these topics and PANIM staff will review the format for the group discussions at faculty meetings during the seminar.

There are also many instances when we will ask student participants, based on recommendations from the Visiting Faculty, to serve in leadership roles for various programs. Before your trip to DC you may want to consider which students would serve as good discussion facilitators, keeping in mind maturity, gender equity, and leadership abilities. We would then assign the Visiting Faculty to serve as “backup” to the youth leader; helping to maintain focus, suggesting different approaches or perspectives and serving as a resource for the group as it struggles with its assigned question(s) or task(s). PANIM staff will provide further instructions for both students and faculty.

Helping to provide supervision: *We depend upon the Visiting Faculty to help provide a proper level of supervision for the students, both your own as well as those from other communities, and therefore expect all of our Visiting Faculty to be with the group throughout the seminar.* Although you bear direct responsibility for the students from your own agency, we expect that you will interact with all participants and accept responsibility for them as the need arises. At our initial faculty meeting, we will review in greater detail your specific duties, which will include supervision during group travel, room checks at curfew, ensuring timeliness to all programs and informing PANIM staff in the event of misbehavior of any kind.

The lead faculty for your seminar will contact you by phone prior to your trip. In the meantime, if you have any questions, please do not hesitate to call Mikah Goldman at 202-857-6622. We look forward to meeting you and your students in Washington, D.C.

Consent to Background Checks (ADV-2)

I hereby authorize BBYO, Inc. and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes.

I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to BBYO, Inc. or to its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I hereby release BBYO, Inc., the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of compliance with this authorization and request to release. You may contact me as indicated below.

Please Print

(First Name)

(Middle Name)

(Last Name)

(Maiden Name)

Former Name(s) and Dates Used: _____

Current Address Since: _____ (Month/Year):

(Street)

(Apt#)

(City)

(State)

(Zip)

Signature: _____ **Date** _____

NOTICE TO CALIFORNIA APPLICANTS:

Under California law, the consumer reports we order on you are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

_____ I want to receive a free copy of any investigative consumer report requested on me.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by ADREM during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at ADREM in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.