



Mazal Tov! You have been selected to serve as a Resident Advisor at the 2009 NFTY Convention in Washington, DC! The URJ Youth Division is proud to enlist members of KESHER and alumni of our NFTY regions, URJ Camps, and youth programs as RAs at our biennial NFTY Convention. We greatly appreciate your desire to be a part of the team and the personal sacrifice of your time. Your assistance at NFTY Convention will be the key to the success of this event!

While more information about your job and specific staff assignments will be sent to you in the next few months, you will find the following information included in this packet:

1. NFTY Convention RA Job Description
2. NFTY Convention Staff Standards of Behavior
3. NFTY Convention RA Letter of Agreement
4. URJ Youth Programs Health and Safety Form
5. RA General Info Sheet
 - a. Travel Information
 - b. RA Registration Information
 - c. Expenses
 - d. Visitation Policy
6. NFTY Brit Kehilah for Participants

To confirm that you will be accepting the position of Resident Advisor at NFTY Convention, please “sign” and return your RA Letter of Agreement and the Health and Safety form to nftyconventionra@urj.org or via fax to 212.650.4199.

**The Letter of Agreement and Health and Safety Form MUST be returned by
MONDAY, DECEMBER 15
to confirm your staff position. Your RA position will be filled by someone from the
waiting list if you do not confirm by this date.**

We are certain that you will have a challenging, exciting and worthwhile experience at NFTY Convention. If you have any questions, please email Caryn Roman at nftyconventionra@urj.org.

Thank you again for volunteering to be a part of our staff!
L'shalom,
The NFTY Convention and Youth Workers Conference Planning Team



NFTY CONVENTION RESIDENT ADVISOR JOB DESCRIPTION

Resident Advisors are responsible for the health, safety and supervision of participants. You will be asked to perform a wide range of tasks. You are “on call” 24 hours a day and can expect to “work” 18-20 hours per day for the duration of the event.

Some of your RA responsibilities will include (but are not limited to):

Participant Supervision

- On-floor supervision of NFTYites in their rooms
- Facilitation of evening Floor Meetings for participants
- Late-night hallway duty & wake-up duty
- Roving “OD” (DAY and NIGHT)
- Mealtime table seating

Implementation of Emergency/Medical Procedures

- Doctor/Hospital visits
- As-needed problem solving with URJ Staff

Assistance with Crowd Control/Transportation

- Implementation of on-site registration/check-in and departure/check-out
- Bus loading and chaperoning
- Elevator and escalator supervision
- Airport greeting, open and close of Convention

Program Assistance

- NFTY Business Office and Program Office assignments
- Program space setup/breakdown
- Special duties to assist URJ Youth Division staff members
- Some RAs may be invited to lead/teach/facilitate elements of the Convention program



STAFF STANDARDS OF BEHAVIOR

From the NFTY Policy and Standards Manual

BASIC PREMISE OF STAFF BEHAVIOR STANDARDS

The key to any and all standards of staff behavior is that it is clear through our actions that we are doing everything we possibly can to provide for health and safety, and anticipate problems.

A staff member is a role model for all the teenagers with whom they come in contact. The staff member is an adult whom the youth look up to and respect. It is important that the staff member use his/her position to be a positive role model. If he/she is prompt, polite, and diligent in completing necessary tasks, it is likely that the participants will follow. The interest and enthusiasm displayed by staff is infectious.

Naturally, the staff member can be a negative influence, too, and therefore must be careful about such things as rude language, gossiping, or irresponsible work habits. Staff must remember that youth are impressionable teenagers; they are not peers. Consistency is crucial when considering the staff role. Young people need to know that the rules, guidelines, and boundaries set are reinforced day-to-day, year-to-year.

The concept of the staff member and youth worker as a role model goes beyond youth events. Teenagers are at a stage of life when they are experimenting with their personalities and their lifestyles. They are trying to decide what constitutes ethical and moral behavior within society's guidelines. They are examining their Jewish identities and deciding how Jewish they want their lives to be. Each adult with whom they come into contact, especially those to whom they are close, represent an example of a different way that they could choose to live their lives. Staff members should always be conscious of this, and try to be a positive role model.

SETTING POSITIVE EXAMPLES

Participants will constantly look to staff for leadership and guidance, and will mirror their behavior. Remember that a staff member is an adult setting a responsible, mature example for impressionable teenagers.

- (a) **Actions** – Be safe and consistent. **Basic common sense and safety are essential.** Staff may not use foul or abusive language. They may not display lewd or suggestive behavior. They should exhibit good manners.
- (b) **Attitude** – Be positive and enthusiastic. Have a smile on your face. A good disposition goes a long way. Be supportive of leaders (both youth and adult) and fellow staff members.
- (c) **Appearance and Cleanliness** – Unless otherwise specified, all programs are very informal. However, torn, tattered, and dirty clothing is not acceptable.
- (d) **Use good judgment** – Sexual innuendo and double entendre can often confuse and hurt a teenager. Do not discuss personal views or your involvement with drugs, alcohol, or sex, with participants. Teenagers are impressionable. They think they are adults, but they are not.

NO PLAYING FAVORITES

Staff must treat all participants equally, regardless of their skills, appearance or social graces. Make sure everyone is included and show an interest in each participant's happiness, safety, and well-being.

INTERACT

Always mingle, chat and keep tuned to the pulse of the group. During programs and events, sit with participants – not behind them.

WORK AS A TEAM

Teamwork is essential. Input is important from all staff members for a successful program. The ability to work a plan with others productively is a key ingredient. However, a chain is as strong as its weakest link, so do not shirk your responsibilities.

KEEP YOUR COOL

Staff members must keep their tempers under control in all circumstances. Walk away from potentially explosive situations. Do not exacerbate the problem. Please treat all hotel personnel and all "suppliers" with courtesy and respect.

COMMUNICATE EFFECTIVELY

Communicate effectively with participants and staff. Positive reinforcement and pleasant intonation is much more effective than negativity and yelling. A staff member's voice is a motivational tool. Tone can help a participant feel confident and reassured or insecure and self-doubting. Disenchantment with a participant, fellow staff member or policy should never be made public, and, should instead be discussed personally and privately with one's team leader. Staff must also share all information with their team leaders concerning participants' behavior, actions or feelings.

APPROPRIATE AND INAPPROPRIATE CONFIDENCES WITH PARTICIPANTS

Building relationships with program participants is one of the most rewarding aspects of working with youth. Youth look for an advisor who is a good person to talk to. But, we cannot permit participants to do anything which would allow them to hurt themselves or for others to be hurt by them.

Staff must remember that there are appropriate and inappropriate confidences with youth. Any time a program participant violates a Code of Conduct, talks about physical or mental abuse, or speaks about suicide or hurting others this must be immediately reported to a member of the URJ Staff.

INAPPROPRIATE BEHAVIOR/PHYSICAL CONTACT WITH PARTICIPANTS

Sexual advances, and/or flirtatious behavior towards any participant are unacceptable and are grounds for immediate dismissal from the program. Physical contact with participants can often be misconstrued and could result in child abuse/molestation accusations and lawsuits.

Any physical contact with program participants should be avoided. The only time physical contact is appropriate is if a participant is about to do something which will cause immediate physical harm to him or herself or others.

Staff should never be alone with a youth in a room behind a closed door. Conversations should take place ONLY in public areas.

Staff should not play any type of "touch" games or allow participants to sit on their laps. An innocent hug could easily be misinterpreted by a youth.



NFTY CONVENTION RESIDENT ADVISOR LETTER OF AGREEMENT

I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. I will treat the NFTY Convention participants in my charge with *Kavod* (honor and respect) because we are created *B'tzelem Elohim* (in the image of God).

I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my complete acceptance by my signature as an RA at NFTY Convention.

I understand that:

1. I will not possess, use, distribute or make available alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age.
2. I will not possess, use, distribute, or make available any illegal drug or drug paraphernalia.
3. I will not distribute or make available any tobacco products at any time during the event.
4. I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.
5. I will not commit any illegal act.
6. I understand that no gambling is allowed, except for fundraisers approved by the adult leadership.
7. I will abide by the event curfew announced by the adult leadership.
8. I will make sure no guests are allowed to visit me during the program, and that any unauthorized guests will be asked to leave immediately.
9. I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning, or hurtful.
10. I agree to refrain from inappropriate or questionable sexual behavior.
11. I agree to abide by any additional rules, pertinent to a specific event, which may be announced.
12. I understand that I will be required to enforce, and also abide by, the NFTY Brit Kehilah (**attached**).
13. I acknowledge that the Union for Reform Judaism's Youth Division will provide me with all of my meals and accommodations throughout the entirety of the program.
14. I understand that it is my responsibility to make all of my own travel arrangements and that I am responsible for any costs associated with my travel to and from the event.
15. **I authorize the URJ and/or its agents to conduct an independent background investigation of me. I further authorize the URJ and/or its agents to request or receive any information pertaining to me including criminal, motor vehicle reports, past employments, education and/or references from any persons, schools, previous employers, or publicly accessible internet websites. I acknowledge that this information may be used by the URJ and/or its agents throughout my hiring process.**

Signed,

(signature)

(date)

(print name)

(SS#/SI#)



NFTY CONVENTION RESIDENT ADVISOR GENERAL INFORMATION

Travel Information for Resident Advisors

Please plan to arrive and be ready to begin your training on **Thursday, February 12 by 12 noon**. Your RA staff responsibilities will conclude on **Tuesday February 17 by 12 noon**. Please be sure your departure plans will accommodate this program end time - flights should be made after 3 pm on this day.

Hotel information: Gaylord National Resort and Convention Center
201 Waterfront Street, National Harbor, MD 20745
<http://www.gaylordhotels.com/gaylord-national/>

Washington, DC Airports: Reagan International Airport (Airport Code DCA)
<http://www.metwashairports.com/reagan>
Washington Dulles International Airport (Airport Code IAD)
<http://www.metwashairports.com/dulles>
Baltimore-Washington International Airport (Airport Code BWI)
www.bwiairport.com

DCA is approximately a 15-minute shuttle or taxi ride to the hotel.
IAD and BWI are approximately a 45-minute shuttle or taxi ride to the hotel.

AMTRAK: Washington Union Station
www.amtrak.com
1-800-USA-RAIL

Registration Information for Resident Advisors

Beginning in mid-December we will ask you to register online in our staff database for NFTY Convention. A special link will be sent to you from the nftyconvention@urj.org email account. It is important that you respond to the registration request as soon as you get the email. If you do not register by the end of the registration period (date will be stated in the registration email) then we will assume you will not be joining us and your spot will be opened up to another RA candidate on our waiting list.

Expenses for Resident Advisors

All of your meals, convention programs and room costs for the event will be covered by NFTY. Any meals taken away from the group are at your own expense. You are responsible for any costs associated with travel between your home city and NFTY Convention.

Policy on Visitation:

We are expecting to have more than 1,600 participants at the Gaylord with the NFTY Convention and URJ Youth Workers Conference combined. All registered participants and guests are required to wear their *name badges* during the event. Please do not invite any friends or guests to visit you during your time as NFTY Convention staff. **Guests are strictly prohibited**. We appreciate your assistance in this matter.



NORTH AMERICAN FEDERATION OF TEMPLE YOUTH

NFTY's *B'RIT K'HILAH*—Code of Conduct ברית קהילה

I will promote the creation of a religious youth community based on mutual respect and a sense of personal well-being. I will treat others with *kavod* (honor and respect) because we are created *b'tzelem Elohim* (in the image of God). I have read the following rules, designed to promote the health and safety of all event participants, and have indicated my complete acceptance by my signature and that of my parent/guardian.

I will not possess, consume, or distribute alcoholic beverages, other than that served by adult leadership for Jewish sacramental purposes, even if I am of legal drinking age.

I will not possess, use, or distribute any illegal drug or drug paraphernalia.

I will not smoke or consume or distribute tobacco products at any time during the event.

I will attend and participate fully in the entire event, unless otherwise agreed upon with the NFTY Regional Advisor. I will arrive on time, stay until the end, and remain on the event premises at all times.

I will not bring or use any weapons, firearms, or anything that may be construed as a weapon.

I will not commit any illegal act. I understand that vandalism, disturbing the peace, or other inappropriate behavior as determined by the adult leadership in accordance with the youth leadership will not be tolerated. I understand that I will have to pay for any damage that I cause. I understand that no gambling is allowed, except for fundraisers approved by the adult leadership.

I will abide by the event curfew announced by the leadership. After each event session, I will go directly to my cabin, hotel room, or host home and remain there until the next session.

I understand that no guests are allowed at any event, unless the adult leadership grants permission in advance, and that any unauthorized guests will be asked to leave immediately.

I will not drive to, during, or from events, unless advance permission for a special situation is requested in writing by my parent/guardian and granted in writing by the NFTY Regional Advisor. This includes driving to/from my home to meet NFTY's designated transportation.

I will not participate in any activities that could be deemed as hazing, sexually harassing, demeaning, or hurtful.

I agree to refrain from inappropriate sexual behavior.

I agree to abide by any additional rules, pertinent to a specific event, which may be announced, and to accept the consequences of their violation.

I understand that these rules of behavior apply from the time I leave home for the event, during the event itself, and until I return home after the event.

We understand that part of the NFTY experience involves activities, group living arrangements and interactions that may be new to my child. These things come with certain risks and uncertainties beyond what my child may be used to dealing with at home. I am aware of these risks, and I am assuming them on behalf of my child. I realize that no environment is risk free and so I have instructed my child on the importance of abiding by NFTY's *B'rit K'hilah*—Code of Conduct. My child and I both agree that he or she is familiar with these rules and will obey them. We further understand that sanctions imposed by the NFTY Regional Advisor for violation could include immediate expulsion from the event, at the expense of the parent or guardian.

My signature, and the signature of my parent/guardian, on the attached Health and Safety Form for Union for Reform Judaism Youth Programs, affirm my agreement to the rules and policies of NFTY and this *B'rit K'hilah*.

Updated July 2006

PLEASE KEEP THIS PAGE FOR YOUR RECORDS



**NOTE THAT THIS PAGE IS FOR YOUR REFERENCE.
ALL NFTY CONVENTION PARTICIPANTS ARE REQUIRED TO SIGN THIS FORM.**



URJ YOUTH HEALTH AND SAFETY FORM

You must complete and sign this form to accept an RA position at NFTY Convention.

A doctor's visit is not required.

A parent signature is only required if you are under 18.

Return this form with your letter of agreement:

- Via email (as an attachment) to nftyconventionra@urj.org
- Via fax to 212.650.4199, attn: Caryn Roman
 - Mailed to:
NFTY Convention RA, Attn: Caryn Roman
633 Third Avenue, 7th Floor
New York, NY 10017

The information on this form is gathered to assist us in identifying appropriate care. The more information we have the better able we are to ensure a safe and healthy event. **The form is to be completed by the parents/guardians of participants.**

NO DOCTOR VISIT REQUIRED

Event Name _____
Location _____
Date: _____

Name Last _____ First _____ Middle _____

Home Address Street _____ City _____ State _____ Zip _____ Country _____

Participant E-mail _____ Gender: M F Birth Date _____ Age During Event _____

Participant Phone _____ Participant Cell Phone _____

Custodial Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____ Home Address _____ City _____ State _____ Zip _____ Country _____	Second Parent/Guardian _____ Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____ Home Address _____ City _____ State _____ Zip _____ Country _____
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EMERGENCY CONTACT INFORMATION If Parent(s)/Guardian(s) are not available in an emergency, please contact:

Name _____ Relationship _____

Home Phone _____ Work Phone _____ Cell Phone _____ E-mail _____

INSURANCE INFORMATION

Is the participant covered by family medical/hospital insurance? Yes No

If so, indicate carrier/plan name _____ Group # _____ Policy # _____

Carrier Address _____

Claims/Phone Authorization # _____ Co-Pay Amount _____

Name of Insured _____ Relationship to Participant _____

PRESCRIPTION PLAN INFORMATION

Name of Insured _____ Insured SS# _____ Relationship to Participant _____

Company Name _____ Group # _____ Policy # _____

Prescription Information # _____ Co-Pay Amount: Generic _____ Brand _____

HEALTH HISTORY

ALLERGIES -

Please describe reaction and management of the reaction.

MEDICATION ALLERGIES

- Penicillin _____
- Amoxicillin _____
- Septra/Cephalosporis _____
- Aspirin _____
- Erythromycin _____
- Sulfa _____
- _____
- _____

FOOD ALLERGIES

- Nuts _____
- Shellfish _____
- Eggs _____
- _____
- _____

OTHER ALLERGIES

- Hay Fever _____
- Ivy Poisoning _____
- Bee Stings _____
- Insect Stings _____
- _____
- _____

PRESCRIPTION MEDICATIONS BEING TAKEN

Please list all prescription medications. Bring enough medication to last the entire time at the event. Keep it in the original packaging bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

This person takes **NO** medications on a routine basis.

This person takes medications as follows:

Med #1 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Med #2 _____ Dosage _____ Specific times taken each day _____
 Reason for taking _____

Attach additional pages for more medications or information about side effects.

I give permission to the Health Personnel to dispense any medications as needed. Yes No

GENERAL QUESTIONS - Explain "yes" answers below

	YES	NO		YES	NO
Has/does the participant:					
1. Had any recent injury, illness or infectious disease?	<input type="checkbox"/>	<input type="checkbox"/>	18. Ever had treatment for drug/alcohol abuse?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have a chronic or recurring illness/condition?	<input type="checkbox"/>	<input type="checkbox"/>	19. Have a history of smoking? If so, how many?	<input type="checkbox"/>	<input type="checkbox"/>
3. Ever been hospitalized?	<input type="checkbox"/>	<input type="checkbox"/>	20. Ever had problems with joints (e.g., knees, ankles)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Ever had surgery?	<input type="checkbox"/>	<input type="checkbox"/>	21. Have an orthodontic appliance being brought to camp?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have frequent headaches?	<input type="checkbox"/>	<input type="checkbox"/>	22. Have any skin problems (e.g., itching, rash, acne)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Ever had a head injury?	<input type="checkbox"/>	<input type="checkbox"/>	23. Have diabetes? (Date of onset)	<input type="checkbox"/>	<input type="checkbox"/>
7. Ever been knocked unconscious?	<input type="checkbox"/>	<input type="checkbox"/>	24. Have asthma? (Date of onset)	<input type="checkbox"/>	<input type="checkbox"/>
8. Wear glasses, contacts or protective eye wear?	<input type="checkbox"/>	<input type="checkbox"/>	25. Had mononucleosis in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
9. Ever had frequent ear infections?	<input type="checkbox"/>	<input type="checkbox"/>	26. Had problems with diarrhea/constipation?	<input type="checkbox"/>	<input type="checkbox"/>
10. Ever passed out during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	27. Have problems with sleepwalking?	<input type="checkbox"/>	<input type="checkbox"/>
11. Ever been dizzy during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	29. Have a history of bed-wetting?	<input type="checkbox"/>	<input type="checkbox"/>
12. Ever had seizures/convulsions?	<input type="checkbox"/>	<input type="checkbox"/>	30. Ever had an eating disorder?	<input type="checkbox"/>	<input type="checkbox"/>
13. Ever had chest pain during or after exercise?	<input type="checkbox"/>	<input type="checkbox"/>	31. Ever had emotional difficulties for which professional help was sought?	<input type="checkbox"/>	<input type="checkbox"/>
14. Ever had high blood pressure?	<input type="checkbox"/>	<input type="checkbox"/>	32. Ever been diagnosed with ADD/ADHD?	<input type="checkbox"/>	<input type="checkbox"/>
15. Ever been diagnosed with a heart murmur?	<input type="checkbox"/>	<input type="checkbox"/>	33. Ever been diagnosed with depression	<input type="checkbox"/>	<input type="checkbox"/>
16. Ever had back problems?	<input type="checkbox"/>	<input type="checkbox"/>			
17. Ever had epilepsy?	<input type="checkbox"/>	<input type="checkbox"/>			

Please explain any "yes" answers, noting the number of the question being addressed.

RESTRICTIONS

Dietary

- Does not eat red meat
- Does not eat fish
- Does not eat eggs
- Does not eat poultry
- Does not eat dairy products
- Kosher (please note: Kosher food may not be available)
- Other (describe) _____

Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary).

HEALTH AND SAFETY AUTHORIZATIONS
IMPORTANT—THESE BOXES MUST BE COMPLETE FOR ATTENDANCE

Disclosure of Medical Information—Must be signed by Parent/Guardian(or Participant if over 18)

I understand that the URJ Youth Programs is not defined as an entity subject to HIPAA and therefore is not covered by HIPAA regulations concerning patient medical records. I also understand and agree that situations may necessitate that my child's medical information be shared with the event staff and/or event medical staff. I give permission to any Health Care Provider, such as a hospital or physician to share my child's medical information with the event medical staff, for treatment purposes.

Signed Printed Date

Health and Safety—Must be signed by Parent/Guardian(or Participant if over 18)

Health and Safety This health history is correct and complete to my knowledge. The person herein described has permission to engage in all program activities except as noted. I hereby give permission to the Union for Reform Judaism to provide routine health care, administer prescribed medications and seek emergency medical treatment including ordering x-rays or routine tests. I agree to the release of any records necessary for insurance purposes. I give permission to the Union to arrange necessary related transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician/health care provider selected by the Union to secure and administer treatment, including hospitalization, for the person named above. I agree that the Union for Reform Judaism may use any photograph or likeness of my child for Union publicity. This completed form may be photocopied, if needed, for trips off event premises.

Signature of Parent/Guardian _____ Date _____

PHOTO/VIDEO RELEASE—To be read and signed by Parent or Guardian(or Participant if over 18)

I give my permission to the Union for Reform Judaism to use any video or photograph, either online or in print, or any video taken at the event my child is attending for the purpose of marketing or promoting the Union and its programs.

Signature of Parent/Guardian _____ Date _____

IMPORTANT—
Please notify us if this participant has been exposed to any communicable disease during the three weeks prior to attendance of this event.