



Tour of Tolerance – ISRAEL **Feb. 1 – 8, 2009**

EDUCATOR'S APPLICATION FORM

I. APPLICANT'S INFORMATION:

Name First _____ Last _____
Phone (b) _____ (h) _____
Gender M ___ F ___
E-mail _____
Fax _____
Position _____
School District _____

Name of Work Place
(if applicable) _____
Address _____
City _____
Province _____
Postal Code _____

Have you ever been to Israel before? Yes _____ No _____

Please type or print. You are welcome to use additional paper to complete your answers.

1. What are your reasons for wanting to participate in the Tour of Tolerance - Israel program? What do you expect to gain personally and professionally?

BIOGRAPHY:

Please submit curriculum vitae to accompany your application. This CV should outline most recent education level, any relevant workshops, courses or education that you have received or facilitated; involvement in special interest groups, advocacy groups; clubs or activities; and published works (if available).

LETTER OF REFERENCE:

We request all applicants have their superior complete the *referral letter* (link to separate form). This individual should be the person granting permission to attend the course and who will help you implement any future plans that result from the workshop. If this does not apply to you (no superior), a referral letter from a peer is acceptable.

Referee’s Name: _____ Email: _____

VI. APPLICANT’S ASSURANCE STATEMENT

I understand that if I am selected to attend the Tour of Tolerance - Israel, I am making a serious commitment of time and energy to the intensive conference and all follow-up activities for a period of one year. I understand that:

- Attendance to perquisite workshop prior to attending Tour of Tolerance - Israel is compulsory. If I fail to do this prior to departure, I will be charged for the complete cost of the program on the credit card provided in the Acceptance Letter.
- I will send an action plan to the Tour of Tolerance coordinator within 1 month of return and then send a follow-up detailing what actions have been actualized within 10 months.

NOTE: PARTICIPANTS MUST ATTEND THE COMPLETE PROGRAM.

As a participant in Tour of Tolerance - Israel, your name will be shared with other attendees. In addition, all photographs taken of you and/or any of your written comments are the possession of Friends of Simon Wiesenthal Center and may be used for promotional purposes.

You will receive your insurance form once we have processed your Acceptance Form. The travel agent will not be able to process your ticket until you have paid in full for any insurance requested.

PLEASE NOTE ANY SPECIAL NEEDS YOU MAY HAVE. WE SHALL MAKE EVERY EFFORT TO ASSIST YOU.

- I have read and accept the Terms and Conditions of the Glassman Tools for Tolerance® Program
- I agree to contribute \$600/person to offset the costs of the program

I hereby request a space in the programme as per all stipulations outlined. I also acknowledge that my faxed and/or email signature is sufficient authorization and acknowledgement of the above.

Signature of applicant: _____

THANK YOU FOR YOUR APPLICATION!

You will be contacted via email if you *are* accepted to Tour of Tolerance – Israel. If you are not accepted, we will maintain your contact information and notify you regarding other upcoming events, workshops and courses provided by FSWC.

DEADLINE: The Application Form is due by Nov. 10, 2008

Please FAX or mail Application Form to:

Susan Kendal,
Director, Glassman Tools for Tolerance®
Friends of Simon Wiesenthal Center for Holocaust Studies
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Toronto, Ontario
M2N 6C6
tel: 416.864.9735 ext. 32 -- fax: 416.864.1083