



<u>Office use only</u>
Interview Date: _____
Comments: _____
Approved by: _____

Stanley C. Myers Building  
Phone 305.576.4000

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[www.JewishMiami.org](http://www.JewishMiami.org)

Miami, Florida 33137  
305-573-2966 fax

REFUAT HA-NEFESH FELLOWS SPIRITUAL CARE PROGRAM  
APPLICATION FORM 2020-21

Today's date: \_\_\_\_\_

**Directions:** We are particularly interested in both your reasons for wanting to join the program and the skills you might bring to your volunteering, so please fill out this form completely. Once we have a fully completed application, we will contact you to schedule an interview.

**NOTE:** Our interactive program this year will be conducted via ZOOM. If you need help learning how to use Zoom, we will provide that for you. Also, the volunteer part of the program will be different this year, so that you do not have to visit with people face-to-face and we will help you develop your volunteer participation.

**A. Contact Information**

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_ Apt \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_ Work phone \_\_\_\_\_

Best way and times to contact you \_\_\_\_\_

**B. Skills and experience**

In which areas do you feel you have moderate to proficient skills? Also include a brief synopsis of your relevant academic background and work experience. If you have skills you want to teach, please indicate below. (Yoga, Meditation, Art, Music, Journaling, Jewish studies/ Torah)

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\_\_\_\_\_

All applications should be submitted via emailed to [Bhorvitz@gmjf.org](mailto:Bhorvitz@gmjf.org). If you have questions, please email her or call: 786-423-0803.

**C. Previous Volunteer Experience**

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**D. References**

Please include the name(s) and contact information for at least one reference.

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**E. Jewish Congregational Affiliations**

Please list any affiliations and memberships in a synagogue or temple in Miami area. Please note if you are an officer, board member, or committee chair. Please indicate if you are on a Caring Community or *Chesed* or *Bikkur Cholim* Committee. If you aren't, would you like to serve on that committee?

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**F. Jewish Community Affiliations**

Please list any affiliations and memberships such as Jewish community centers, Jewish Federation etc.

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**G. Criminal Background**

Have you ever been charged or convicted of a criminal offense? If so, please explain.

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**H. Demographics**

Date of birth \_\_\_\_\_ Gender \_\_\_\_\_ Marital Status \_\_\_\_\_

Please list all languages spoken \_\_\_\_\_

**I. Brief Statement**

In one paragraph, please explain your personal goals for participating in this program. What do you hope to learn or gain from this experience?

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**J. Field Work--- This year we ask you to develop or participate in a “Mitzvah Project”**

If you are going to contribute an online workshop for a facility, it will probably require an application, interview, brief orientation and may require a background check, including fingerprints. Let us know if you will be caregiving to a family member or friend as your volunteer commitment.

Examples of Mitzvah Projects might be:

- Assisting with programs of the Jewish Community Services of South Florida (JCS) Serving the needs of the JCS Program for Miami Beach Seniors on Empanada Way
- Developing a program for a JCC’s in any location
- Developing a program with a caring committee of a congregation
- Developing a program with Miami Jewish Health or other facility
- Assist with programs with the Jewish Volunteer Center (JVC) of the Greater Miami Jewish Federation

Types of Programs might be:

- Mindfulness skills training including *mussar*, meditation, yoga, or tai chi
- Art or music programs
- Calling elders/ others on a regular basis to check in and establish relationship
- A book club or short story group
- A creative writing program
- A legacy project
- Deliver food
- Helping out at the JCS Kosher Food Bank.

Rabbi Cheryl Weiner will help develop Mitzvah Projects, monitor their progress, and evaluate their success in conjunction with each volunteer and the collaborating facility or organization.

What kind of *Mitzvah* Project do you think you might be interested in in creating or joining?

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### K. Statement of Commitment

I understand that if I am accepted into the program, I commit myself to **engaging in a *Mitzvah* Project that will represent about 32 hours of service to the community or being a caregiver to my family.** This commitment will continue until the end of April, whereupon I may agree to keep volunteering my time.

**I also commit myself to attend the bi-monthly learning sessions on Tuesday evenings via Zoom.**

If I cannot make a session, I will contact Rabbi Cheryl Weiner, Director in advance to inform her if I will not be able to attend. I will try to attend Mishkan Miami and community programs, which while optional, I am encouraged to attend.

By submitting this form, I attest that the information I have provided on the form is true and accurate, and I agree to the above stated terms.

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

All applications should be submitted via emailed to [Bhorvitz@gmjf.org](mailto:Bhorvitz@gmjf.org). If you have questions, please email her or call: 786-423-0803.

Best Times for Interview:

Monday Times? \_\_\_\_\_

Tuesday Times? \_\_\_\_\_

Wednesday Times? \_\_\_\_\_

Thursday Times? \_\_\_\_\_

Friday Times? \_\_\_\_\_

Are you familiar with Zoom? \_\_\_\_\_ yes \_\_\_\_\_ no

Would you like to have some training in how to use Zoom for meetings? \_\_\_\_\_ yes \_\_\_\_\_ no

If you have any questions about the program, please contact:

Rabbi Cheryl Weiner, Director  
Refuat HaNefesh Fellow Training Program  
Mishkan Miami: Greater Miami Jewish Federation  
Home Office: 954-929-2588  
Cell Phone: 954-770-2406  
Email: cweinermh@aol.com