



Free Spirit Experience in Israel Registration Form

Please take your time going through the following questions. We would love to get to know you better and prepare for your arrival. If you wish, discuss the confidentiality of your answers with your parents so you can send this form to us directly.

Part I Some information about you

Your First Name	Last Name
Date of Birth	Gender Identity
Your full address	
email address	Phone number

Who else live with you?

Please list a few of your talents or things you are good at (you may list things you used to be good at when you were younger, if you are not sure about right now):

What are some of the ways you feel you can contribute to our community and its younger members?

Part II Your Preferences

Tell us about your ideal friend – what is important to you in the person you may share a room with for a few weeks in our program?

What are some of your favorite foods?

Are there any special activities you would like to try at Free Spirit?

Are there things in the program that you are worried about?

Part III Your personal reason for joining us at Free Spirit in Israel

What are the main goals you would like to achieve during your stay at Free Spirit?

What is your greatest personal challenge (something you constantly try to cope with)?

Thinking about your development and growth, how can our staff be of help to you in moving forward and achieving your goals?

What are your main strengths that have helped you overcome difficulties in the past?

What are your passions? What do you love (hobbies, activities, foods, or anything else)?

What were your various dream jobs/careers as you were growing up?

Part IV General needs and accommodations

You may choose to answer these questions on your own or ask your parents if it is easier. Please help us understand and prepare for possible accommodations that we may need to provide.

Please tell us a little about your relevant treatment history (diagnosis, history of therapy or treatments, strengths and challenges, etc.):

Are there any physical or medical conditions that may affect your participation in our diverse activities, including hiking while carrying a backpack, rappelling, horseback riding, swimming, sailing, and other physical activities?

Do you have any dietary restrictions, medical or elective that we should know about?

Please list any food or other allergies you have (to be filled by adults only):

Allergy	Severity <i>(Mild, Severe, Life Threatening)</i>	Treatment

Please list any medications you take on a regular basis

Other accommodations or issues we may need to pay attention to in order to provide a safe and healthy environment for you

For office use only

Program		Start Date	
Consultant		DoC	
