



If You:

Feed the Hungry

Mentor Others

Clothe the Poor

Visit a Hospice

Bring Joy to the Elderly

Comfort the Sick

Care for the Environment

Improve Your Community through Service

WE WANT TO HONOR YOU AS A

CHAMPION

INFORMATION AND APPLICATION ENCLOSED

NOMINATION GUIDELINES

How do I apply?

Complete the application and send it to our office by February 15th.
(See back of brochure.)

All applicants must include the following:

- A completed Nomination Form
- A Signed Commitment Pledge (located on the Nomination Form)
- A Signed Parent/Guardian Release (located on the Nomination Form)
- A typed essay of up to 500 words (see ICARE essay guide)
- A Service at a Glance Form

First time applicants also must submit:

- Two Recommendation Forms
- Two Recommendation Letters

Returning "Champions" and "Ambassadors" also must submit:

- One Recommendation Form
- One Recommendation Letter

Recommendations should be from an adult or peer who has observed you in your service, such as a fellow site worker, service coordinator, or site supervisor. **(Be sure to make a photocopy of the Recommendation Form to give to your second recommender.)**

Optional Material: You may include any photos, articles, letters, videos, tapes, or additional information that would be helpful in understanding your service project. (All submitted materials must have your name, school, service site, and a brief identification.) **PLEASE NOTE: These items will not be returned.**

ICARE ESSAY GUIDE—*CHAMPIONS*

We want to get to know you better, so please send us more information about yourself and your involvement in your community. Below are some questions to guide your essay. Have your service mentor/recommender review your essay. **IMPORTANT: Please type your essay and include your name, school, and date on the top of your essay. PLEASE NOTE: Your essay could be shared with individuals or colleges who are offering scholarships.**

- What person, place, or thing inspired you to do service?
- How have you grown personally through your service?
- Describe the change or impact your service has on the community.
- Share information about yourself that will help us better understand you (family circumstances, obstacles you had to overcome, history of your service work, or other information).

ICARE ESSAY GUIDE—*AMBASSADORS*

(For current "Ambassadors")

"Ambassadors of Caring," please respond to these questions:

- What part of the *Ambassadors* Program has had the greatest impact on you? Why?
- What are three things you learned about yourself through the *Ambassadors* Program?
- How have you changed or grown by being involved with the *Ambassadors* Program?
- Describe the change your Impact Project had on the community and on you.
- What new leadership skills have you acquired from the *Ambassadors* Program?
- Have your views about working with people who are different from yourself changed? How?
- Have your future goals (college, career) developed or changed due to your experiences with the *Ambassadors of Caring Leadership Program*?

Please share any additional information from the ICARE Essay Guide that you feel can help us better understand how you have grown.



Champions make a difference for residents of many neighborhoods.



Ambassador's workshops are also opportunities to make new friends.



Teaching young children appeals to many of our Champions.

NOMINATION FORM

I received this application from...

a "Champion"

Name: _____

an "Ambassador"

Name: _____

a teacher

Name: _____

Other (please identify):

I am applying for the first time.

I have been a "Champion" for _____ years.

I have been an "Ambassador" for _____ years.

Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ ZIP: _____ County: _____

Home Telephone: _____ Cell Phone: _____ E-Mail: _____

Grade: _____ School: _____ School Phone: _____

School Address: _____

City: _____ State: _____ ZIP: _____

Principal: _____

School Service Coordinator/Guidance Counselor: _____

Superintendent: _____

Name of your neighborhood newspaper(s): _____

Name of local cable company or station: _____

Have you been a student in the *Journey of a Champion* curriculum? Yes No

If yes, please provide the following information:

School: _____

Teacher: _____ Grade: _____ Year: _____

Subject: English Social Studies Other: _____

Was special training provided before any of your service projects? Yes No

If yes, which project(s)? _____ How many hours? _____

Describe the training: _____

Optional: For research and funding purposes, please check the appropriate boxes below.

Race/Ethnicity:

African American/Black

Asian American

Multi-racial

Latino/Latina

White/European American

These do not apply to me. I identify myself racially/ethnically as _____

Gender: Male Female

Religion/Faith Community:

If you identify with a particular faith/tradition, please indicate: _____

COMMITMENT FORM

If chosen to be a "Champion/Ambassador of Caring," I will continue to be involved in service projects in my community.

Print Name

Signature

Date

If I/my child is chosen as a "Champion/Ambassador of Caring," I hereby give the *Champions of Caring* organization permission to use my/my child's photographs, videos, essays, or project descriptions in promotional materials.

Signature of Parent/Guardian or Student if 18 years or older

Date

My Service at a Glance

Issue or need (see below)	Organization where you performed your service (supervisor, address, phone #)	Organization that helped you find your service (contact, phone #)	Description of project	Your role in service (see below)	How many people served	Project start date*	Hours per month	End date or ongoing	Total hours to date
Example: Literacy	J. Anderson Cultural Center; Barbara Jones, 54th and Overbrook Ave, Philadelphia, PA 19130, 215-555-5555	St. Joseph's Service Center Jacob Smith 610-555-5555	Provided individual attention to children; tutored reading and writing skills	1.3	20 youths	9/02	16	ongoing	96

Issues or Needs

Children
Elderly
Environmental
Health
Homeless
Hunger
Literacy
Poverty
Public Safety
Social Justice
Special Needs
Youth at Risk
Other

Role in Service

*Choose all that apply from the following list
and enter the corresponding **numbers** in the chart above.*

1. Participated in an established service project
2. Started this service project
3. Coordinated and/or organized parts of the project
4. Mentored other volunteers

*Start dates begin from the previous summer to the present.

Answer the questions that apply to you.

Have you:

Advocated for this service project by speaking or writing?

Speaking Writing

Where? _____

Who was your audience? _____

Recruited others to service? _____

How many? _____

Fundraised for this project? _____

How? _____

How much did you raise? _____

Comments: _____

RECOMMENDATION FORM

FIRST-TIME APPLICANTS must submit **two** recommendation forms and **two** recommendation letters with their application. Please attach the recommendation form with each recommendation letter.

RETURNING "CHAMPIONS" AND "AMBASSADORS" must submit **one** recommendation form and **one** recommendation letter with their application. Please attach the recommendation form with each recommendation letter.

Recommendations should be from an adult or peer who has observed you in your service, such as a fellow site worker, service coordinator, or site supervisor.

To Whom It May Concern:

Thank you for taking the time to complete this form and providing a recommendation letter for this student who is applying to be a "Champion." *Champions of Caring* celebrates and honors high school students who have demonstrated character, and an outstanding commitment to community service, and promotes them as role models—as heroes of our time. Students selected as "Champions" will be honored at a public ceremony in the spring. Since its inception in 1995, thousands of young heroes from high schools in the greater Philadelphia region have participated in our *Champions of Caring Recognition Program*. After you have completed this form, **please attach a letter in which you describe the applicant's service work and why he or she should be chosen as a "Champion."** This letter should not be a college or job recommendation letter, but rather, focus on the student's service and leadership skills. Please share how the student has made an impact through his/her service, any personal growth you have witnessed, and any other information you feel is pertinent.

Thank you for your support of this student and for your commitment to service. We hope that you will assist the applicant in completing his or her nomination form and essay. **The completed application must be submitted by the student and postmarked by February 15th.**

Sincerely,



Barbara G. Shaiman
Founder and President

P.S. The applicant may qualify for scholarships and other benefits based on his/her service.

Name of Student: _____

School: _____

Please complete the following information:

Name: _____ Title: _____

Organization or School: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____ E-mail: _____

Relationship to applicant:

- Service coordinator Peer in service Other: _____
 Service site supervisor Service teacher/mentor

Please circle the appropriate response:

The applicant has experience and demonstrates ease in working with people different than themselves.

Strongly Disagree	Somewhat Disagree	Agree	Strongly Agree	No Basis for Judgment
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The applicant demonstrates experience with and comfort in speaking about community service.

Strongly Disagree	Somewhat Disagree	Agree	Strongly Agree	No Basis for Judgment
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The applicant demonstrates experience with and comfort in recruiting his/her peers to service.

Strongly Disagree	Somewhat Disagree	Agree	Strongly Agree	No Basis for Judgment
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The applicant demonstrates experience with and comfort in initiating or coordinating parts of a service project.

Strongly Disagree	Somewhat Disagree	Agree	Strongly Agree	No Basis for Judgment
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Check if you would like to be contacted about future involvement with *Champions of Caring*.



Our champions are the
heroes of our time.



Ambassadors work, learn, and
have fun at overnight retreats.

CHECKLIST FOR SUBMITTING YOUR APPLICATION (Due February 15th)

Your application must include the following items, stapled together.
Please check off each item and include a copy of this checklist with your application.

ALL APPLICANTS must include the following:

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WHERE TO SEND YOUR APPLICATION

Champions of Caring
P.O. Box 568
Bala Cynwyd, PA 19004

Application is also available online at www.championsofcaring.org



Phone: 610-527-1934 Fax: 610-527-3828
E-mail: Barbara@championsofcaring.org Brianne@championsofcaring.org
Web: www.championsofcaring.org