

What would it feel like...

- To develop and have closer relationships and improved communication with the people about whom you care most?
- To break through the subconscious beliefs you have that have prevented you from getting what you want out of life?
- To get clearer about your goals and dreams and what you want in your life in the areas of love, friendship, community, and connection to G-d?
- To improve your self-confidence and your belief in your own power to change yourself and the world?

Find out at Heart, Mind & Soul.



Upcoming Program Details:

DECEMBER 9-11, 2011
WHITE MEADOW LAKE, NEW JERSEY

Open to: Teens & young adults (15-23)

Fee: \$379 per person

Apply by: November 30, 2011

Heart, Mind & Soul, Inc.
 P.O. Box 370052
 West Hartford, CT 06137

The Heart, Mind, & Soul Shabbaton Experience

An incredible weekend of personal and relationship
 development for Jewish young adults



Spend an unforgettable weekend with Jewish teens and young adults and be part of an incredible experience that can help you to improve your relationships with your family, your friends, and especially with yourself.

Attendance is limited to you and 19 other participants. This is to assure that everyone has the personal attention necessary to accomplish his or her personally-selected objectives. The Shabbaton/workshop is run by a trained and experienced team of youth leaders, social workers, and facilitators. Another twenty assistants—all of whom have participated in this program themselves before—will be on hand to make sure you have an amazing time and get everything you want from the program.

The program begins before Shabbat and ends at 9 p.m. on Sunday evening. For more information, contact Rabbi Shimmy Trencher, MSW at 860.255.4467 or visit our web site at heartmindandsoul.org. Space is limited, so apply today!



“Through Heart, Mind & Soul, I’ve met some of the strongest people in the world. The strength to demonstrate love, support, and compassion that I’ve witnessed on this program inspires me to express these qualities in my family, my school, and my community.”

— Z.B., Participant

**Are you ready for the Shabbaton of a lifetime?
Apply online at heartmindandsoul.org or with
the attached paper application form and Course
Information Sheet! (Apply by November 30, 2011)**



“Heart, Mind & Soul changed my life, plain and simple. The greatest skill I’ve gained is my ability to relate to others and to take what I have in common with each person to create strong bonds and friendships that will last a lifetime. Now I know that I am never alone because people love me and I love others.”

— B.P., Participant

Program Details:

- Hosted at Chabad of Northwest NJ
- All meals and snacks provided
- Housing in local area homes
- Program runs from Friday to Sunday night

Heart, Mind & Soul

Program Information: December 2011

Thank you for your interest in Heart, Mind & Soul. Following is some important information regarding the program. If you have any additional questions, please feel free to contact a member of our staff (contact information follows).

What:

Heart, Mind & Soul (HMS) is a Shabbaton/workshop focusing on personal development for Jewish teens and young adults: self-esteem, motivation, communications skills, and leadership. The December 2011 program is open to teens and young adults ages 15-23. It is run by Heart, Mind & Soul, Inc., an organization created by educators and Jewish youth professionals for the purpose of improving the lives of Jewish young people and building stronger Jewish leadership for our future.

Where:

The Shabbaton will be held at the Chabad Center of Northwest New Jersey in White Meadow Lake, New Jersey. All meals and events will be at the synagogue, with sleeping arrangements at Sabbath-observant local area homes.

When:

The Shabbaton begins at 3:00pm on Friday, December 9, 2011 and ends at 9:00pm on Sunday, December 11. The program continues throughout the weekend and includes prayer, meals, workshop sessions, and free time.

Who:

This HMS event is open to applications from high school students, college students, and young adults in their early twenties. Older adults are eligible to apply to our adult programs.

Cost:

The fee for this event is \$379 for first-time participants. This includes the workshop program, food, snacks, and program materials. Returning participants are eligible to receive a reduced rate of \$110 in exchange for serving as a peer counselor and assisting with the running of the program. Limited scholarships are available, and a scholarship form is available on our web site. HMS is a 501(c)3 organization and additional donations toward our scholarship fund are much appreciated.

How Do I Apply:

Visit <http://www.heartmindandsoul.org> and click "Apply Now!" On the application page, click the application thumbnail to download a paper application. You can also submit the \$100 deposit (to reserve a space) and apply for a scholarship from that page.

How Do I Get There:

HMS participants come from throughout the East Coast by car, plane, bus, and train. Often, participants travel by car from various East Coast cities, and we will endeavor to connect prospective participants with those individuals. Directions will be provided for those driving, and our staff can provide you with information regarding public transportation options.

Who Do I Contact for More Information?

We welcome your comments and questions. Please feel free to contact the following individuals for more information:

Rabbi Shimmy Trencher	West Hartford, CT.....	860-255-4467
Devora Jaye	Baltimore, MD.....	860-324-4723
Rabbi Yaakov Green	Boca Raton, FL.....	561-702-4768

HMS Application Form and Enrollment Agreement

Name _____ Grade/Year _____ Gender: M F Birthdate _____
 E-mail Address _____ Facebook Name _____
 Home Address _____ City _____ State _____ Zip _____
 School Address _____ City _____ State _____ Zip _____
 Phone Numbers: (Cell) _____ (Home/Landline) _____

Parent #1: (Optional for Non-Minors)

Name _____
 Address _____
 City _____ State _____ Zip _____
 Home Phone _____

Parent #2: (Optional for Non-Minors)

Name _____
 Address (if different) _____
 City _____ State _____ Zip _____
 Home Phone _____

Allergy, medical, and/or special dietary information _____

ENROLLMENT AGREEMENT

I understand my deposit is non-transferable and non-refundable. The deposit for this program is \$125. I am aware that breaking this attendance commitment would greatly minimize the value I would gain both from the program and from the time period before the program, and I therefore will cooperate with the Heart, Mind & Soul staff in overcoming any circumstances that would prevent me from keeping this agreement. I agree to attend, in entirety, all sessions of the program. I agree to be on time for each session. I agree to return the completed Course Information Sheet within 5 days. I agree not to use any recreational drugs or alcohol within 24 hours of any part of the program. As a participant in the program, I agree to respect the confidentiality of all participants and their remarks, and I agree to keep such material private and confidential. I am aware that this program is protected by copyright and cannot be reproduced, copied, or otherwise duplicated without the express written permission of Your Infinite Life Training and Coaching Company (the copyright holder of this workshop). This agreement does not preclude me from sharing my experience on the program with anyone I choose as long as the confidentiality of the other participants is maintained and as long as the copyright is not infringed.

INFORMED CONTENT AGREEMENT

I understand that this program is educational and not psychotherapy or a substitute for psychotherapy. I have thoroughly discussed this program with a staff member or representative of Heart, Mind & Soul and I understand that, in addition to the benefit, there is always the risk of emotional and/or medical contingencies in such a group experience. I assume the risk, by this consent, of any accident or injury to myself or inflicted by me during the course, and hereby release Heart, Mind & Soul, Inc. and Your Infinite Life Training and Coaching Company from liability. I take full responsibility for consulting with a medical doctor prior to participating in the program concerning any known or potential physical or mental condition that I have or may have, for the purpose of getting medical permission to participate in the program. By this consent, I assume the risk of any illness during the program and hereby release Heart, Mind & Soul, Inc. and Your Infinite Life Training and Coaching Company from liability. I hereby authorize the staff members of Heart, Mind & Soul, Inc. and Your Infinite Life Training and Coaching Company to take any reasonable step on my behalf in the case of accident, injury or illness, including but not limited to emergency first aid; doctor, nurse and/or ambulance services, etc. I agree to be liable for the cost of any such action taken on my behalf, and hereby release Heart, Mind & Soul, Inc. and Your Infinite Life Training and Coaching Company from liability. If I have had serious emotional problems or have been hospitalized for emotional problems or am currently under the care of a psychologist, psychiatrist, or social worker, I understand that it is required that I attend the program only with the written permission of my therapist.

CANCELLATION – REFUND POLICY

If you cancel more than 15 days before the program date, your tuition less the deposit will be refunded. However, full non-refundable tuition will be required to re-enroll. If you cancel your agreement less than 15 days before the program date, your entire fee will be forfeited. The only exception to this policy will be made if you are hospitalized or if you are attending the funeral of a member of your immediate family. In this case, your full tuition will be transferred to the next available program date.

After the weekend, if you are unsatisfied with the program, your tuition, less the deposit, will be refunded provided all of the following conditions have been met: a. You have been in attendance the full time for each of the sessions of the program. b. You have participated in all of the exercises of the program. c. You have met with the Program Director. d. You have turned in a written request for a refund, stating the reasons for your dissatisfaction, within seven days after the program. There will be no exceptions to these policies except those stated here in writing and approved by the Director. I agree to the terms and conditions.

Signature _____ Date _____

If you are under the age of 18, please make sure to also include the parent/guardian consent form with your application.

Please also enclose a check for \$379 made payable to "Heart, Mind & Soul" with your application or submit payment online at heartmindandsoul.org. Note that you may secure a spot with a \$100 deposit (remainder due two weeks before the program). If you have any questions or concerns, please contact Rabbi Shimmy Trencher, MSW at 860.255.4467 or via e-mail at info@heartmindandsoul.org.

HMS Parent/Guardian Consent Form

Participant Name _____

Parent/Guardian Name(s) _____

Emergency Contact Information _____

AGREEMENT OF PARENT/GUARDIAN

I understand that in case of accident, injury or illness, the staff members of Heart, Mind & Soul will make every effort to contact me or the individuals named above as emergency contacts. In case I/we cannot be reached, I hereby authorize the staff members of Heart, Mind & Soul to take any reasonable step on my child's behalf, including but not limited to emergency first aid; doctor, nurse and/or ambulance services, hospitalization, etc. I agree to be liable for the cost of any such action taken on my or my child's behalf, and hereby release Heart, Mind & Soul from liability. I also authorize the staff members of Heart, Miind & Soul to dispense non-prescription medication to my child if needed, including but not limited to Advil and Tylenol.

I understand that this program is educational and not psychotherapy or a substitute for psychotherapy. If my child has had serious emotional problems or has been hospitalized for emotional problems or is currently under the care of a psychologist or psychiatrist, I understand that it is required that my child attend the program only with the written permission of his/her therapist. I also take full responsibility for consulting with a medical doctor prior to my child's participation in the program concerning any known or potential physical or mental condition that he/she has or may have, for the purpose of getting medical permission for him/her to participate in the program. By this consent, I assume the risk of any illness during the program and hereby release Heart, Mind & Soul from liability. Furthermore, I have thoroughly discussed this program with a staff member or representative of Heart, Mind & Soul and I understand that, in addition to the benefit, there is always the risk of emotional and/or medical contingencies in such a group experience. I assume the risk, by this consent, of any accident or injury to my child or inflicted by my child during the course, and hereby release Heart, Mind & Soul from liability. I agree to the terms and conditions.

Signature _____ Date _____

Please note: If you have any questions or concerns, please contact Rabbi Shimmy Trencher, MSW at 860.255.4467 or via e-mail at info@heartmindandsoul.org.



Heart, Mind & Soul

Course Information Sheet (CIS) for High School and College Students

Name	
Address	
City/State/Zip	
Home Phone	
Cell Phone	
E-mail Addr.	
Birthdate	

Please complete this form and return to:

Heart, Mind, and Soul, Inc.
99 Brewster Road
West Hartford, CT 06117

Fax: 425-790-2942

The following questionnaire serves two purposes. The first is to provide the workshop instructors with information about you and your values and goals. This will allow them to be more valuable to you during your HMS experience. The second is to help you clarify your goals in your own mind.

The workshop instructors and assistants will discuss the information you have given us on this sheet in order to help you achieve your goals!

GOALS

What do you want to be different as a result of completing the Heart, Mind & Soul Course experience? State *specific results* you want to produce in the areas of:

School/Community: _____

Love/Family: _____

Friendship: _____

EARLY RECOLLECTIONS

Print or type two early recollections. An early recollection is a memory of a very *specific incident* that occurred when you were a child.

Example of an early recollection:

Age 4-5

One day I was riding my tricycle and my brother pushed me.
I fell off. He laughed at me.
I felt embarrassed.

Notice that the above recollection describes a specific incident. It is not a generalized report.

The following is NOT an early recollection:

When I was a kid I always used to ride my tricycle and fight with my brother.

It doesn't matter if the experiences you recall are positive or negative, and it doesn't matter how far back you can remember—as long as they are your earliest memories. Write two recollections in the spaces below. Give your approximate age and describe how you felt.

Recollection #1 Age _____

How you felt _____

Recollection #2 Age _____

How you felt _____

FAMILY INFORMATION

List the first name and age, oldest to youngest, of each family member in the spaces below, and for siblings, check whether the person is a brother or sister.

Other Info: In the Other Info column, please list a personality trait such as strong, sickly, outgoing, dominating, etc. Also, if any of your family members are no longer living, write the cause of death in the Other Info column and indicate the year they died. Also, use the Other Info column to indicate stepfamily.

	Name	Age	Occupation	Other Info	Died
	You				
	Mother				
	Father				
Oldest	<input type="checkbox"/> Brother <input type="checkbox"/> Sister				
Next	<input type="checkbox"/> Brother <input type="checkbox"/> Sister				
Next	<input type="checkbox"/> Brother <input type="checkbox"/> Sister				
Next	<input type="checkbox"/> Brother <input type="checkbox"/> Sister				
Next	<input type="checkbox"/> Brother <input type="checkbox"/> Sister				
Next	<input type="checkbox"/> Brother <input type="checkbox"/> Sister				

ADDITIONAL BACKGROUND INFORMATION

What school do you attend? _____ Grade level _____

How are you doing in school? _____

Describe your relationship with your parents. _____

Have you ever had counseling? _____ What were the results? _____

What would have made the results more positive? _____

Do you have, or have you had, any major physical illnesses or injuries? _____

Are you presently taking any medication? _____ If so, what? _____

Is there anything else we should know about you that would enable us to help you accomplish your goals? _____

MORE INFORMATION

If you knew you could not fail, what would you be doing? _____

What do you see as your greatest area in need of improvement? _____

What do you see as your greatest strength? _____

Please return this completed form to:

Heart, Mind, and Soul, Inc.

99 Brewster Road

West Hartford, CT 06117

Fax: 425-790-2942