



Lawrence Family JCC | JACOBS FAMILY CAMPUS
Request for Religious Exemption from COVID-19 Vaccination Policy

Name: _____
(Print Last, First, MI)

Date of Birth: _____
(mm/dd/yyyy)

Email Address: _____

Phone: _____

Instructions for Submission of Vaccination Exemption Request:

JCC Users requesting an exemption from the JCC COVID-19 Vaccination policy, due to a sincerely held religious belief, must submit a request for accommodation with supporting documentation to the CEO of the LFJCC for review by a special committee to begin the accommodation process. After the request is submitted, the documentation will be reviewed and a decision will be made in a reasonable period of time as to whether or not the exemption should be granted and accommodations can be made for modified usage.

The applicant must submit one or more original letters specifically naming and concerning the applicant, and such letter(s) must be signed (wet signature) by the applicant’s religious leader. The applicant’s religious leader must state in the letter that receiving a COVID-19 vaccination is against an important tenet or pillar of the religious organization’s faith and that to the best of his/her/their knowledge the applicant sincerely follows and believes in this tenet or pillar.

To proceed with the exemption request, submit this form along with your supporting documentation to Guest Services attn: Betzy Lynch, CEO.

Attestation:

By submitting this application, I am requesting a religious belief exemption from the COVID-19 vaccination required by the Lawrence Family JCC | JACOBS FAMILY CAMPUS: **COVID-19 _____ (please initial)**

1. Please describe the religious belief that is preventing you from receiving a vaccination:

2. Please answer the following questions:

A. Name of religion: _____ Indicate when you began to practice this religion: _____

B. Do you belong to an organization or group affiliated with this religion (e.g., church, mosque, synagogue, other group, etc.)? Yes No

C. If Yes, please answer the following questions regarding the organization/group:

Name: _____ Website: _____

Address: _____ Phone Number: _____

As evidenced by my signature below, I acknowledge and agree to the following in the event that my exemption requested is granted:

- I understand that, for the safety of the JCC community, I will be required to comply with the JCC’s infection control measures.
- I understand that, if I am applying for a religious exemption from COVID-19 vaccination, I must comply with the JCC’s COVID-19 mitigation protocols.
- I will wear a mask in all indoor spaces at all times.

- I will respect physical distancing guidelines when in the presence of others.
- I will comply with any additional obligations as may be required by the JCC or other public health mandates.
- I understand that failure to follow these requirements may result in termination of my membership or participation at the the Lawrence Family Jewish Community Center | JACOBS FAMILY CAMPUS.

Signature

Date

Signature of Parent/Legal Guardian (if under age 18)

Date

Printed Name of Parent/Legal Guardian (if under age 18)