



Staff Application 5780

Both Trips (June 30 – August 17)

1st Trip (June 30 – July 21)

2nd Trip (July 27 – August 17)

Name _____ Date of Birth ____/____/____ Age ____ B.M. Yr. ____
Last Name First Name As of June 30

Address _____ City _____ State _____ Zip _____

Tel. _____ Summer Tel. _____ Fax # _____

Parent's Marital Status Married Divorced Separated Widowed

Fathers Name _____ Occupation _____ Business Tel. _____

Mothers Name _____ Occupation _____ Business Tel. _____

Fathers Cell _____ Mothers Cell _____ E-Mail _____

EMERGENCY CONTACT INFO: In the event parents cannot be reached please contact in the following order:

Name _____ Relationship to staff member _____

Tel. _____ Cell _____

Name _____ Relationship to staff member _____

Tel. _____ Cell _____

Family Physician _____ Tel. _____

Yeshiva Attending _____ Yeshiva attending next year _____

Previous Yeshiva(s) _____ Year(s) _____ Current Rabbi _____

Previous Yeshiva(s) _____ Year(s) _____ Current Rabbi _____

Camp(s) previously attended as camper or staff member. Year(s) & capacity:

Please describe any work / volunteer experience, special skills or talents that you may have.

References: Please list 2 references, one of them should be your Rabbi, Rosh Yeshiva or Mashgiach. In addition please include two letters of recommendations which must be mailed back in the envelope provided, by the one providing the reference.

Name _____ Position _____ Tel. _____

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