



Staff Application 5784

Additional Week (July 31 - August 6 – 25 Tamuz - 2 Av)

Name _____ Date of Birth ____ / ____ / ____ Age ____ B.M. Yr. ____
Last Name First Name As of July 31

Address _____ City _____ State _____ Zip _____

Tel. _____ Summer Tel. _____ Preferred Tel. _____

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 recommendation, by the one providing the reference.

Name _____ Position _____ Tel. _____

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