



# Magen Israel Summer Camp

122 Cuttermill Road • Great Neck, NY 11021

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## STAFF APPLICATION FORM

### PERSONAL INFORMATION

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ HEBREW NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_ SYNAGOGUE ATTENDING: \_\_\_\_\_

**If applicant is under 18 yrs. old, please complete the following:**

FATHER'S NAME: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ MAIDEN NAME: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENTS MARITAL STATUS:  MARRIED  DIVORCED  SEPARATED  WIDOWED  OTHER

NAME AND PHONE NUMBER OF TWO PERSONS TO BE CONTACTED IN CASE OF EMERGENCY:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

### EDUCATION

|              | NAME  | YEARS ATTENDED |
|--------------|-------|----------------|
| JUNIOR HIGH: | _____ | _____          |
| HIGH SCHOOL: | _____ | _____          |
| COLLEGE:     | _____ | _____          |
| SUMMER CAMP: | _____ | _____          |

### EMPLOYMENT

| COMPANY | POSITION | DATES | PHONE |
|---------|----------|-------|-------|
| _____   | _____    | _____ | _____ |
| _____   | _____    | _____ | _____ |
| _____   | _____    | _____ | _____ |
| _____   | _____    | _____ | _____ |

**PERSONAL DATA**

Experience with other youth organizations, clubs, events, etc. \_\_\_\_\_

Have you ever been convicted of a crime other than a minor traffic violation? Yes No

If yes, please explain \_\_\_\_\_

Do you have any outstanding criminal charges of crimes involving children? Yes No

Do you have physical or mental disabilities, which would limit your ability to pursue strenuous physical activity while in camp? Yes No If yes, please explain \_\_\_\_\_

**CERTIFICATIONS HELD**

CPR Yes No Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

CPR Instructor Yes No Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

First Aid Yes No Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Advanced First Aid Yes No Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

EMT Yes No Certifying Agency \_\_\_\_\_ Expiration Date \_\_\_\_\_

Other Medical Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

**REFERANCES**

List no more than one from each of the following categories: High School / College Instructors, Coaches, Religious Leaders, Community Leaders, Local Government Officials.

| Name  | Relationship | Telephone Number |
|-------|--------------|------------------|
| _____ | _____        | _____            |
| _____ | _____        | _____            |

ALL EMPLOYEES SHOULD BE AVAILABLE FOR THE FULL SEASON. (Exceptions must be requested during interviews.) Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a health problem or handicap that is unrelated to the person's ability to perform the job assigned.

I \_\_\_\_\_ agree to follow all the rules and regulations of the program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If under 18 years old, parents complete the following:

I hereby give permission for my child to participate in the Magen Israel Summer Camp.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_