

Al Haderech Camp Staff Application

Name (last) _____ (first) _____ Hebrew Name _____
 Address (permanent) _____ City _____ Zip _____
 Address (school/business) _____ City _____ Zip _____
 E-mail Address _____ Date of Birth _____ Phone # () _____
 Cell Phone #: _____ Shul Rav _____ T-shirt size _____

Applying to ___ Travel ___ Juniors ___ Tots
 ___ Full Summer ___ July ___ August

Education Information

Name of School (High School through Current)	Years Attended	Degree

Camping Experience

Name of Camp	Years Attended	Position

References

Name	Relationship	Phone Number

Salary Desired: _____

Are you a certified LGT? _____ If yes, do you have any experience? Explain.

Are you qualified to be a Learning Teacher? _____ If yes, do you have any experience? Explain.

What are your hobbies? _____

Are there any extra-curricular activities that you would feel comfortable leading and teaching the children? _____

What contributions do you think you can make at camp? _____

What contributions can a well run camp make to children? _____

I understand that untrue information may result in dismissal, regardless of the time of discovery by the camp.

Applicant's Signature

Date

Please return to: 343 Plymouth Street – West Hempstead, NY 11552