

Kesher Program
In Camp Sternberg
c/o Mrs. Krupka
327 Terhune Ave.
Passaic NJ 07055

Trip: 6 weeks
July 1,2010-August 12, 2010

FOR OFFICE USE
__Received
__ Processed
Position: _____
Salary: _____
Hired by: _____

KESHER STAFF APPLICATION
11TH Grade & Above

***Please attach a recent photo to the application.**

Please Print:

Name: _____ Date of Birth: _____
Social Security Number: _____
Address: _____
Telephone#: _____ Cell #: _____
Age as of June 2010: _____ E-mail Address: _____

SCHOOL INFORMATION

High School: _____ Grade Completed as of June 2010: _____
Seminary: _____ Dates Attended: _____

CAMP EXPERIENCE

Have you been a Kesher staff member? ___No ___Yes Year(s): _____
Did you attend Camp Sternberg/Heller? ___No ___Yes Year(s) & Position(s): _____

Special Education Experience: _____

Special Skills/Training (i.e. lifeguard, EMT, photography) _____

References (One reference should be a teacher/principal & one reference should be a Special Education Program Coordinator).

Name	Phone Number	Business Telephone #	Relationship to Applicant

For Insurance Purposes:

Have you ever been accused of physical or any other type of abuse? ___yes ___no

FOR CAMP USE ONLY:

Supervisor Name _____ Evaluation Rating _____