

Camp Mogen Avraham
 1123 Broadway / Room 1011
 New York, NY 10010
 212-691-5548

For Office Use Only

Staff Application Form

You are applying for trip:
 1 2 Both

1) Position Desired:

1st Choice: _____ 2nd Choice: _____

2) Personal Information (Please Print)

Name: _____ S.S. #: _____

Address: _____ Tel. #: _____

City: _____ State: _____ Zip code: _____

Age _____ Date of Birth: _____ Ht: _____ Wt: _____

3) Yeshivas (Schools) Attended:

High School: _____ Current Grade: _____ Graduated (date): _____

Bais Medrash: _____ Dates Attended: _____

College: _____ Will Graduate (date): _____

4) Experience:

How many years have you been a:

Camper: _____ Where? _____ When? _____

Staff Member: _____

	Position	Where	When	Supervisor
1.				
2.				
3.				

5) If applying as a Counselor, what age group would you prefer? (Write grade level) _____

6) If there is an opening, would you like to teach a learning group as well? Yes No

If so, to what age group? _____ In what subjects? _____

7) Do you:

a) Have a life saving certificate? _____ Type(s): _____

b) Play a musical instrument? _____ Type(s): _____

c) Have any other special talents? (Drama, Art, Computers, Sports, Journalism, Nature, Singing, etc.) _____

Describe: _____

8) For insurance purposes:

Have you ever been accused of physical or any other abuse? Yes No If yes, please attach a letter of explanation

9) References (Your references are of utmost importance. Please fill out completely.)

Name	Phone #	Bus. Tel. #	Fax #	E-mail	Relationship