

# MACHANE HEIGHTS DAY CAMP

## STAFF APPLICATION FORM

<http://machaneheights.com/>

[machaneheights@gmail.com](mailto:machaneheights@gmail.com)

718-774-4131 / Ext. 124

### Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Email: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Please include a photo of yourself.

### Camp

Position Applying for: \_\_\_\_\_

Age preference: \_\_\_\_\_

Did you apply for summer youth at <https://application.nycsyep.com>?  Yes  No

If yes, what is your ID?  
 \_\_\_\_\_ If you are applying please remember to select: Council of Jewish Organizations of Flatbush or National Society for Hebrew Day School.

### Educational Background

Please list the schools you attended:

Elementary: \_\_\_\_\_

Mesivta: \_\_\_\_\_

Zal: \_\_\_\_\_

Yeshiva currently attending: \_\_\_\_\_

Shiur:  Mesivta  Zal

Aleph  Beis  Gimmel

### References

Have you ever been a counselor before?  Yes  No

Name of Camp Employment: \_\_\_\_\_

Other work experiences with kids:  
 \_\_\_\_\_  
 \_\_\_\_\_

#### Reference #1

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

#### Reference #2

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Do you have a friend you are applying with?  Yes  No

Name: \_\_\_\_\_

