



Jerusalem International YMCA

ימקא הבינלאומית ירושלים
جمعية الشبان المسيحية الدولية - القدس

Photo

YMCA Summer Camp 2017 Leaders Form

Full Name: _____ ID: _____ Age: _____

Date of Birth __/__/__ Male / Female T-shirt size: _____

Mobile _____ Home Phone _____

E-mail: _____ Food: Regular / Vegetarian / Vegan / Other _____

School / College _____ Grade / year _____

Camp Sessions: 1st Session – 2 July-20 July / 2nd Session 23July -10August

Can you commit to a full session? Yes\No – If you have days you can't work, Please put them here: _____

Languages: Arabic \ Hebrew \ English \ Other _____, _____

Hobbies and Interests

Experience as a Leader:

Are you interested in preparing and delivering a special activity or workshop? No\yes

If So Please comment here: _____

Preferred age group : _____

Do you have any health issues that may effect your ability to work? No\yes

Tell us why you think you will be a good leader?

Signature _____

Date: _____