



Photo

Children & Youth Department – قسم الأولاد والشباب – מחלקת ילדים ונוער

YMCA Summer Camp 2017: Staff Application Form

Item	Your Answer		Additional comments
PERSONAL INFO			
First name:			
Last name:			
ID No.:			
Date of birth: (mm/dd/yyyy)			
Age:			
Male / Female			
Address:			
School / College			
Grade / Year			
Workplace (if relevant)			
LANGUAGES	Reading	Writing	Speaking
Mother Tongue:			
English? Y/N			
Arabic? Y/N			
Hebrew? Y/N			
Other? Please specify			
CONTACT INFO			
Mobile No.			
Email			
Hm. No.			
ADDITIONAL INFO			
T-shirt size			
Nutrition	No restrictions \ Vegetarian \ Vegan \ Other		

Camp Sessions and preparations:

Session 1: July 2 – July 19, Sun-Thu 08:00-16:00

For session 1: Can you commit to a full session? **Yes\No**

If you have days\hours that restrict your work during this period, please specify:



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Session 2: July 22 – August 9, Sun-Thu 08:00-16:00

For session 2: Can you commit to a full session? **Yes\No**

If you have days\hours that restrict your work during this period, Please specify:

Interviews and group exercise: Please indicate if you are able to attend an interview on either or both dates specified below (to choose 30 – 40 min for interview from one of the both below options):

1. Monday June 11, 12:00-18:00 – **Yes \ No**

2. Tuesday June 12, 12:00-18:00 – **Yes \ No**

* Please indicate whether you are able to attend the 3 dates dates, as it will enable us greater flexibility.

Preparation workshop: will take place Mon - Wed June 25-27, 9:00-15:00 and is mandatory for all staff. Are you able to attend the preparation days in full as specified above? **Yes\No**

NOTE: Counselors will be paid according to customary hourly rates for youth pending on age, not including preparatory meetings and training that are part of the selection process.

Additional information:

Please tell us more about yourself. We'd like to get to know you better and

Experience working with groups and children:

Hobbies and Interests:



מחלקת ילדים ונוער – قسم الأولاد والشباب – Children & Youth Department

Are you interested in delivering a special activity or workshop? If so, please specify:

Are there any health or medical conditions that may affect your work? If so, please specify:

Tell us why you think you will make a good group leader?

Sign\Write your name here: _____

Date: _____