



B"H

# Camp Gan Israel

A Division of Chabad of the Five Towns

74 Maple Ave. Cedarhurst, NY 11516

Phone: 516-295-2478 x19 \* Fax 516-295-7840

Website: [www.cgj5towns.com](http://www.cgj5towns.com)

E-mail: [RabbiMeir@chabad5towns.com](mailto:RabbiMeir@chabad5towns.com)

## APPLICATION FOR MORAH POSITION

### CAMP GAN ISRAEL/ 2015

Name: Last, First	Date of Birth	Place of Birth
-------------------	---------------	----------------

Address	Phone	Cell
---------	-------	------

Citizenship Status	Marital Status	Children	Email
--------------------	----------------	----------	-------

### SCHOOLS ATTENDED

School	Address	Dates of Attendance	Degree/Diploma – Date
--------	---------	---------------------	-----------------------

School	Address	Dates of Attendance	Degree/Diploma – Date
--------	---------	---------------------	-----------------------

Majors	Minors
--------	--------

### TEACHING LICENSES

Teaching License	Issued By	Date
------------------	-----------	------

Teaching License	Issued By	Date
------------------	-----------	------

### SCHOOLS/ CAMPS OF EXPERIENCE

School	Address	Dates of Employment	Grades Taught
--------	---------	---------------------	---------------

School	Address	Dates of Employment	Grades Taught
--------	---------	---------------------	---------------

School	Address	Dates of Employment	Grades Taught
--------	---------	---------------------	---------------

### TEACHING REFERENCES

Name	Phone Number	School	Position
------	--------------	--------	----------

Name	Phone Number	School	Position
------	--------------	--------	----------

**Dates you are able to work: From \_\_\_\_\_ until \_\_\_\_\_. We prefer working a whole summer.**

**Dates of camp June 30 – August 19 • Monday – Thursday 9:30 AM – 3:00 PM • Fridays 9:30 AM – 2:00 PM**



B"H

# Camp Gan Israel

A Division of Chabad of the Five Towns

74 Maple Ave. Cedarhurst, NY 11516

Phone: 516-295-2478 x19 \* Fax 516-295-7840

Website: [www.cgj5towns.com](http://www.cgj5towns.com)

E-mail: [RabbiMeir@chabad5towns.com](mailto:RabbiMeir@chabad5towns.com)

## APPLICATION FOR MORAH

**CAMP GAN ISRAEL / 2015**

**POSITION APPLYING FOR:** \_\_\_\_\_

Name: Last, First \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Phone/Cell \_\_\_\_\_ E-mail \_\_\_\_\_

### SCHOOLS ATTENDING

School \_\_\_\_\_

Current Grade \_\_\_\_\_

### CAMP EXPERIENCE

Camp \_\_\_\_\_ Director \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Age worked with \_\_\_\_\_

Camp \_\_\_\_\_ Director \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Age worked with \_\_\_\_\_

Camp \_\_\_\_\_ Director \_\_\_\_\_ Dates of Employment \_\_\_\_\_ Age worked with \_\_\_\_\_

### REFERENCES

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_ How do you know this person? \_\_\_\_\_

**Dates you are able to work: From \_\_\_\_\_ until \_\_\_\_\_. We prefer working a whole summer.**