



Machne Yisrael Day Camp of Queens STAFF APPLICATION FORM 2009

For Office use Only: Date of Receipt: / /		<input type="checkbox"/> Boy	<input type="checkbox"/> Girl
STAFF INFORMATION			
Last Name	Age	<input type="checkbox"/> 1 st Session	
First Name/s	Birth Date	<input type="checkbox"/> 2 nd Session	
School Name(2008/09)	Grade	<input type="checkbox"/> Full Summer (5/26- 7/13)	
Reference Name	Reference Telephone		
1			
2			

PERSONAL INFORMATION		
Past Experience		
1		
2		
3		
Talents		
Desired Position		
Mobile Phone	Email	Other
Father's Name	Mothers	Home Phone
Address		

EMERGENCY CONTACT INFORMATION And Additional Persons Authorized to Pick Up and Drop Off Child		
Emergency Contact Name (Other Than Parents)	Relationship to Child	
Home Address	Home Phone	Work /Mobile Phone/ Pager
Child's Physician or Medical Facility	Phone	Location
Important Medical Information, including Allergies.		
Other Information We May need To Know		