



CAMP PARDAS CHANAH STAFF APPLICATION FORM 5770-2010

Full Name:		Official name on Birth certificate	
Home Address:			
City:	State:		Zip:
Telephone #:		Fax #:	
Current address if different than above:			
Current telephone # if different than above:			
Date of Birth:(civil)		Hebrew Birthday:	
Email address: All correspondence will be via email.		Citizenship:	
Father's Name:		Occupation:	
Mother's Name:		Occupation:	
<p>Please indicate which month you are applying for or whether you are applying for</p> <p><input type="checkbox"/> First month, <input type="checkbox"/> Second month, <input type="checkbox"/> Entire season</p>			
<p>The following are the camp dates:</p> <p>FIRST SESSION: Wednesday, June 30, 2010 - Monday, July 26, 2010(Tamuz 18- Av 15)</p> <p>SECOND SESSION: Tuesday, July 27, 2010 – Monday, August 23, 2010 (Av16 – Elul 13)</p>			
Position applying for:			
<p>If you are accepted as a staff member at Camp Pardas Chanah (any position) make sure that you have medical insurance coverage in Canada. If not you can purchase a plan for a small fee. Information will be sent upon acceptance. Camp Pardas Chanah is <u>not responsible</u> for any medical emergency at camp.</p>			
<p>IT MEANS A LOT FOR US TO KNOW WHAT YOUR THOUGHTS ARE ABOUT THE QUESTIONS BELOW. PLEASE ANSWER THEM CAREFULLY AND THOUGHTFULLY.</p>			
<p>What qualities or characteristics do you possess that will make you a valuable member of the Pardas Chanah Family?</p>			
<p>In your eyes, what <u>responsibilities</u> will you need to undertake in order to be a successful counselor at Camp Pardas Chanah?</p>			

What are your expectations for your work experience at Camp Pardas Chanah?

What age group do you prefer to work with? 7-10 years 11-12 years 13-15
 no preference

There are no guarantees as to which age group you will receive.

Please turn over to complete your application

List any experience, skills, certifications etc.

School Attending:

Grade:

Address:

City:

Principal:

Tel:

Which camp did you attend last summer?

Contact:

Position:

Tel:

**List 3 people that can evaluate your ability to work in camp & with children.
References must be able to substantiate your work ethic and ability to work with children and adults.**

	#1	#2	#3
Name:			
Position:			
City:			
Tel:			

PARENT'S SIGNATURE:

Address: City office:5001 Vezina, Montreal, Que. H3W-1C2 Telephone: 514-731-3681 ext. 29
Fax:514-342-4956 Email: staff@camppc.com Website: www.camppc.com



Camp Pardas Chanah

The place to be!!