



# CAMP RAMAH IN CALIFORNIA

15600 Mulholland Drive°Los Angeles°CA 90077  
Phone (310) 476-8571° FAX (310) 472-3810  
ww.ramah.org



## Returning Staff Application



### OFFICE USE

Date rec'd: \_\_\_\_\_

Position: \_\_\_\_\_

Hon/Trv: \_\_\_\_\_

NAME: \_\_\_\_\_

Last

First

Hebrew

### EMPLOYMENT GOALS

Sr. Counselor

Specialist T \_\_\_\_\_

Indicate specific area of specialty

Judaics

Sports

Art

Israel

Lifeguard

Cultural Arts

Media Arts

Gan

Outdoors

Office/Business Staff T \_\_\_\_\_

Indicate Position

Senior Staff T \_\_\_\_\_

Indicate Position

Medical Staff T \_\_\_\_\_

R.N., LVN, Clerk

**Please consider my application for:**

Session I & II

Tikvah Family Camp

### PERSONAL DATA

Permanent Address \_\_\_\_\_  
Street Address City State Zip

College/Temp Address \_\_\_\_\_  
Street Address City State Zip Untile (date)

Home Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Date of Birth (opt.): \_\_\_\_\_ Age (opt.): \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_

School: \_\_\_\_\_ Year in School: \_\_\_\_\_

**Children (if applicable)**

\*Please include all names, birthdates and entering 2008 school grades

### EDUCATION

	School, City	Dates Attended	Major	Degree
High School				
College				
Graduate				
Jewish				

Please list current Jewish study: \_\_\_\_\_

Please update your history of experience since the last summer worked.

**Professional Experience** (Please list most recent work experience first or send in a resume)

Employer	Position	Dates	Supervisor	Phone
1.				
2.				
3.				
4.				

**Volunteer/Lay Experience** (Please list most recent experiences first)

Organization	Position/Job	Dates	Phone
1.			
2.			
3.			

Israel Program(s) attended and dates: \_\_\_\_\_

With what age group do you have experience working? \_\_\_\_\_

Doing what? \_\_\_\_\_

With which edot do you prefer to work? (check all that apply)  Younger  Middle  Older

**Certifications**

Please include a photocopy of your current certification

<input type="checkbox"/> First Aid	<input type="checkbox"/> Lifeguard/LGI	<input type="checkbox"/> Archery	<input type="checkbox"/> Fencing
<input type="checkbox"/> CPR	<input type="checkbox"/> WSI (Water Safety)	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Other
<input type="checkbox"/> EMT	<input type="checkbox"/> Wilderness FR	<input type="checkbox"/> Ropes Course	T _____

**Skills**

Please rate your level of proficiency on a scale from 1 (not proficient) to 5 (highly proficient) in the following areas

Reading Torah	<input type="text"/>	Torah Service	<input type="text"/>
Shabbat Shachrit	<input type="text"/>	Reading Haftorah	<input type="text"/>
Weekday Shachrit	<input type="text"/>	Hebrew	<input type="text"/>

**Describe other talents or special skills** \_\_\_\_\_

**Driver's License & Criminal Background**

Number: \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_ Class B?  Yes  No

Have you ever been convicted of criminal charges? If yes, why? \_\_\_\_\_

Do you have a clean driving record (no more than one moving violation in the past three years)? \_\_\_\_\_

Please explain: \_\_\_\_\_

**Please take a few minutes to complete each of the following statements:**

1. Ramah is a great community because

2. When last on staff I was most proud of

3. A struggle from last summer was

4. One accomplishment from last summer was

5. This summer I would like to improve my

6. If I had \$1 million to donate to Ramah I'd

7. A new position OR camper activity could be

8. A great staff activity was or would be

*Thank you for filling out a Returning Staff Application! You'll notice we constantly make adjustments to the application for our returning staff, and look forward to reading your answers and being in touch with next steps. Do you still have ideas to share? Thoughts on your mind? Reflections from previous summers? If so, feel free to use the space below (optional).*

**Health Insurance Information**

I understand that the camp insurance does not serve in any instance as primary coverage. Camp carries excess insurance for certain medical costs not covered by my insurance. I authorize Ramah to deal directly with my health insurance company.

Name of Insurer: \_\_\_\_\_ Policy No.: \_\_\_\_\_

Address of Comp.: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby give permission for my employment and references to be checked by an outside reporting agency. I understand that any questions answered fraudulently will disqualify me from employment. Camp Ramah in California is an equal employment opportunity employer and does not discriminate on the basis of race, color, national origin, sex, religion, age, disability, political belief, sexual orientation, U.S. Veteran or marital/family status.

**Yes**       **No**