

2010 Avodah Application



Please mail completed application to:
Tracy Bomberg
Camp TEKO - Temple Israel
2324 Emerson Ave S.
Minneapolis, MN 55405
612-374-0321 tbomberg@templeisrael.com



Avodah applicants must be entering grade 9 or 10. Please contact the camp office for a Machon (entering grade 11) or a Staff (entering grade 12 and above) application.

GENERAL INFORMATION

First and Last Name: _____ Grade (fall 2010): _____ Home Phone: _____

Address: _____
Street City State Zip

Cell Phone: _____ E-mail: _____ T-shirt Size: S M L XL

Synagogue: _____ Gender: _____ Age: _____ Date of Birth: ____/____/____

Parent/Guardian (P/G) Name: _____

P/G Home Phone: _____ P/G Work Phone: _____ P/G Cell Phone: _____

Parent/Guardian (P/G) Name: _____

P/G Home Phone: _____ P/G Work Phone: _____ P/G Cell Phone: _____

How did you hear about Camp TEKO (if from a friend, whom)? _____

To participate in the Avodah program, you must be able to work at camp for a total of at least two weeks over the course of the summer. List all dates between June 21 – August 13 that you are available to work at camp.

Are you able to host an Israeli staff member for part of the summer? Yes No Available dates: _____

Circle **all** bus stop preferences: Temple Israel (Mpls) Breck School (Golden Valley) Beth El (SLP) Adath (Mtka)

Burroughs Elem. (Mpls) Creek Valley Elem. (Edina) Zachary Lane Elem. (Plym) Groveland Elem. (Mtka)

Greenwood Elem. (Plym)

With what age group(s) do you prefer working? Pre-K/Kind. Grades 1-2 Grades 3-4 Grades 5-6

Why? _____

EDUCATION

High School: _____ Date of Graduation: _____

Extracurricular Activities: _____

Religious School: _____ Israel Programs: _____

CERTIFICATIONS AND SKILLS

CERTIFICATIONS

Indicate the organization through which you were certified and enclose a copy of all certifications.

- CPR _____ exp. _____
- First Aid _____ exp. _____
- Lifeguard _____ exp. _____
- WSI _____ exp. _____
- Pool Operator _____ exp. _____
- EMT _____ exp. _____
- Other _____ exp. _____

SKILLS

Check items in which you have some skill. Double check those you are proficient in and can teach or lead.

WATERFRONT

- Swimming
- Boating
- Water rescue
- Lifeguarding

RELIGIOUS/SPIRITUAL

- Meditation
- Yoga
- Prayer
- Hebrew language
- Torah study

SPORTS

- Basketball
- Gaga
- Soccer
- Softball
- Ultimate frisbee
- Volleyball
- Other: _____

ARTS AND CRAFTS

- Candles
- Tie-dye
- Ceramics
- Photography
- Painting
- Papermaking
- Judaic art

WILDERNESS

- Hiking
- Backpacking
- Rock climbing
- Ropes course
- Environmental education
- Nature crafts
- Gardening

MUSIC

- Guitar
- Song leading
- Piano
- Sound equipment

DANCE & DRAMA

- Drama games
- Theatre production
- Playwriting
- Storytelling
- Israeli dancing
- Hip hop dance
- Swing dance

OTHER SKILLS

- Cooking
- Sign language
- Conflict resolution

Describe your hobbies, special interests, and any other skills not listed:

List courses you have completed relating to children, leadership, outdoor skills, or social service:

CAMP

Camps attended as a camper (names and years): _____

In the future, for which position(s) would you be interested in applying (circle all that apply): Machon day camp counselor
overnight camp counselor specialist (art drama nature music sports swimming boating photo/video) advocat

EMPLOYMENT/VOLUNTEER HISTORY

CHILDCARE EXPERIENCE:

Do you have any previous experience working with children? Yes No

If yes, please describe your responsibilities and include dates and location of experience, age of children and a contact phone number for the organization or family: _____

OTHER EMPLOYMENT/VOLUNTEER EXPERIENCE:

<u>Position</u>	<u>Organization and/or Supervisor Name</u>	<u>Dates</u>	<u>Phone Number</u>
1. _____	_____	_____	_____
Brief Description of Duties: _____			
Reason for Leaving: _____			

REFERENCES

Please use employers, coaches or teachers. *Do not use family members, family friends or personal friends.*

<u>Name</u>	<u>Relationship</u>	<u>Years of Acquaintance</u>	<u>Phone Number</u>	<u>E-mail</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

** Attached to this application are 2 reference forms for you to send to your references. All references must be returned by the reference directly to the TEKO office by mail or fax (612-377-6630).

ADDITIONAL INFORMATION

Please answer the following using the space below or a separate typed sheet.

What do you think are the goals of Camp TEKO? _____

Why do you want to be in the Avodah program? _____

What do you think you can contribute to the Avodah program? _____

What do you want to gain from the Avodah program? _____

Describe your greatest strengths: _____

Describe your greatest weaknesses: _____

APPLICANT AGREEMENT

I hereby certify that the facts set forth in this application are true and complete to the best of my knowledge. I understand that if I am employed, false or misleading statements given on my application or during my interview may result in my dismissal.

Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____