

# CAMP RAMAH IN CANADA

New Staff Application

**Summer 2013**

# מתנה רמה בקנדה

מועמדות לצוות חדש

קייץ 2013

## General Employee Information

First Name	<input type="text"/>	Last Name	<input type="text"/>
Hebrew Name	<input type="text"/>	Gender	Male      Female
S.S.N./S.I.N.	<input type="text"/>	E-mail	<input type="text"/>
Date of Birth	<input type="text"/>	Place of Birth	<input type="text"/>
Address	<input type="text"/>	Address 2	<input type="text"/>
City	<input type="text"/>	Prov/State	<input type="text"/>
Closest Major City	<input type="text"/>	Postal/Zip Code	<input type="text"/>
Country	<input type="text"/>	Best time to call	<input type="text"/>
Phone Number	<input type="text"/>	Cell Phone	<input type="text"/>

Do you require a work permit to work in Canada?      Yes      No

Citizenship?      Canadian      Other      If other:

## School Details

What school do you currently attend?	<input type="text"/>	Prov/State	<input type="text"/>
School Address	<input type="text"/>	Country	<input type="text"/>
School Address 2	<input type="text"/>	Postal/Zip Code	<input type="text"/>
City	<input type="text"/>	Phone	<input type="text"/>

## Personal Information

Marital Status:      Married      If you are married and/or have children,      Yes  
                                  Single      will your family accompany you to camp?      No

If yes to the above, please complete the following:

<b>Spouse's Name</b>	<input type="text"/>		
Name – Child 1	<input type="text"/>	Age – Child 1	<input type="text"/>
Name – Child 2	<input type="text"/>	Age – Child 2	<input type="text"/>
Name – Child 3	<input type="text"/>	Age – Child 3	<input type="text"/>
Name – Child 4	<input type="text"/>	Age – Child 4	<input type="text"/>

**Voluntary Criminal Disclosure**

Have you ever been convicted of a criminal offense?                      Yes                      No  
If Yes, please list all convictions

Do you smoke?                      Yes                      No  
Please note: Smoking is not permitted on camp outings or anytime you are on duty.

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**Emergency Contact Information**

Person to contact in case of emergency	<input type="text"/>	Relationship	<input type="text"/>
Home Phone	<input type="text"/>	Work Phone	<input type="text"/>
Cell Phone	<input type="text"/>	Email	<input type="text"/>

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**מדוע את/ה רוצה לעבוד במחנה רמה הקיץ?**

No need to answer this question in Hebrew

If you have been to Ramah before, what is one thing you love about it and what is one thing you would change? (Please answer both parts of the question)

If you are accepted for a job, you will be asked to commit to being at camp for staff week, June 19, 2013.

Are you willing and able to do this?                      Yes                      No

Experience

**Israel Experience**

Please list all Israel programs in which you have participated.  
(Provide program name, dates, and length of program)

**Jewish Education**

Every staff member at Ramah is required to be involved in some sort of Jewish studies throughout the year. Please list all Jewish studies you are involved in this year.

**Level of Hebrew**

On a scale from 1-10 (1 being not at all, 10 being fluent), please rate your level of Hebrew.

Written

Spoken

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References

Give names and addresses of 3 persons (NOT friends or relatives) having knowledge of your skills, experience, and ability. We prefer references who have supervised you in a leadership role (especially with children). **If you have not worked for an employer, please add one more reference from Rabbi/Teacher.**

\*You will need to send reference forms to the people listed below. We do not send them for you. This is for our internal use only. Please forward the link (.....) to your references and they will be submitted directly to us when they are finished.

Reference #1

Former Employer (do not list friends or persons related to you)

Full Name, Home Tel, Business Tel, Address

Reference #2

Rabbis or Teachers (do not list friends or persons related to you)

Full Name, Home Tel, Business Tel, Address

Reference #3

Personal Reference (do not list friends or persons related to you)

Full Name, Home Tel, Business Tel, Address

Please detail your experience in the following program areas:

In the boxes, please rate your teaching ability in each area using the corresponding letters below:

**T** - Certified to teach

**A** - Able to assist in program area with supervision

**P** - Able to participate in activity at recreational level (no formal qualification/certification)

**Arts and Crafts**

Sketching <input type="checkbox"/>	Mobiles <input type="checkbox"/>	Beadwork <input type="checkbox"/>	Jewelry Enameling <input type="checkbox"/>
Origami <input type="checkbox"/>	Tie-Dye <input type="checkbox"/>	Block Printing <input type="checkbox"/>	Knitting/Crocheting <input type="checkbox"/>
Painting <input type="checkbox"/>	Tooling <input type="checkbox"/>	Calligraphy <input type="checkbox"/>	Woodworking <input type="checkbox"/>
Puppetry <input type="checkbox"/>	Metal Craft <input type="checkbox"/>	Ceramics <input type="checkbox"/>	

**Theatre**

Acting <input type="checkbox"/>	Writing <input type="checkbox"/>	Makeup/Props <input type="checkbox"/>	Directing Musicals <input type="checkbox"/>
Puppetry <input type="checkbox"/>	Costuming <input type="checkbox"/>	Interpretation <input type="checkbox"/>	Directing <input type="checkbox"/>
Lighting <input type="checkbox"/>	Sound <input type="checkbox"/>		

**Dance**

Ballet <input type="checkbox"/>	Hip Hop <input type="checkbox"/>	Modern Dance <input type="checkbox"/>	Israeli Folk Dance <input type="checkbox"/>
Jazz <input type="checkbox"/>	Salsa <input type="checkbox"/>	Creative Rhythm <input type="checkbox"/>	

**Music**

Conducting Band <input type="checkbox"/>	Making Instruments <input type="checkbox"/>	Performing <input type="checkbox"/>
Conducting Choir <input type="checkbox"/>	Song Leader: English <input type="checkbox"/>	Song Leader: Hebrew <input type="checkbox"/>
Play Guitar <input type="checkbox"/>	Conducting Ensembles <input type="checkbox"/>	

Play another Instrument – Specify:

### **Camping and Hiking**

Campfires

Climbing

Overnight Hikes

### **Communications**

Audio/Visual

Computers

Photography

Sound Production

Equipment

Programming

Radio

Videography

### **Judaica**

Giving Divrei Torah

Haftarah Reading

Torah Reading

Hazanut

Jewish Cooking

Weekday Nusach

Reading Eicha

Shabbat Nusach

### **Waterfront**

Canoeing

Sailing

Swimming

Windsurfing

Kayaking

Skiing

Waterfront

### **Sport**

Aerobics

Floor Hockey

Lacrosse

Tennis

Archery

Golf

Roller Blading

Touch Football

Spinning

Judo

Soccer

Track

Basketball

Karate

Softball

Volleyball

List clubs or activities that you are involved in and what your role is in each of them:

Please describe yourself:

## Certification

Do you have a current...

First Aid certificate?	Yes	No	Expiry Date (if yes)	<input type="text"/>
CPR certificate?	Yes	No	Expiry Date (if yes)	<input type="text"/>
<b>Boat Driver's License?</b>	Yes	No	Expiry Date (if yes)	<input type="text"/>
Bronze Medallion?	Yes	No	Expiry Date (if yes)	<input type="text"/>
Bronze Cross?	Yes	No	Expiry Date (if yes)	<input type="text"/>
NLS?	Yes	No	Expiry Date (if yes)	<input type="text"/>
Red Cross Water Safety?	Yes	No	Expiry Date (if yes)	<input type="text"/>
American Instructors?	Yes	No	Expiry Date (if yes)	<input type="text"/>
American Life Guarding?	Yes	No	Expiry Date (if yes)	<input type="text"/>

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## Camp Background (if any)

Name of Camp	Location	# of Years	Last Year Attended
As a Camper			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
As a Staff Member			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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## Synagogue Affiliation

Name of Synagogue	<input type="text"/>	Name of Rabbi	<input type="text"/>
Address	<input type="text"/>	City	<input type="text"/>
Prov/State	<input type="text"/>	Postal/Zip Code	<input type="text"/>

## Dietary Needs

Please, **only choose 'Yes' if you will be eating this way throughout the summer.**

Are you lactose intolerant?      Yes              No

Are you vegetarian?              Yes              No

Are you gluten-free?              Yes              No

Specific Food Allergies:

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### **Note:**

I hereby acknowledge that by submitting this application I am authorizing Camp Ramah in Canada and/or its agents to conduct an independent background investigation of me.

I further authorize Camp Ramah in Canada and/or its agents to request or receive any information pertaining to me including criminal, motor vehicle reports, past employments, education and/or references from any persons, schools, previous employers, or publicly accessible internet websites (Facebook, twitter, blogs, etc.).

I acknowledge that this information may be used by Camp Ramah in Canada and/or its agents throughout my hiring process.

I acknowledge that this application will not be considered complete until a recent photo is received via email to [aviva@campramah.com](mailto:aviva@campramah.com).

**Please note:** The deadline for reference letters is November 30, 2012.

### **Camp Dates**

First Session:              Wednesday, June 19, 2013 – Sunday, July 21, 2013

Second Session:          Monday, July 22, 2013 – Thursday, August 15, 2013

Please direct any and all questions to [aviva@campramah.com](mailto:aviva@campramah.com).

Electronic Signature:

(Type full name)

Current Date: