

Ohr Torah Youth Leader/Assistant Application

SECTION I

Please provide the following information:

Name

Home address

City

State

Zip code

Home Phone

Cell Phone

E-mail

Date of Birth

Soc Sec #



ORGANIZATIONS & ACTIVITIES/RESPONSIBILITIES

Enter the name of your school in the space provided below and grade as of this term

Please list school, volunteer, religious, social, athletic, or other activities/organizations in which you've participated. List up to five.

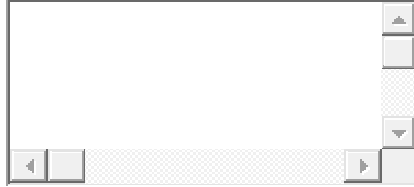
Please describe the age group that you are interested in working with and why:

Please discuss your interests and skills that would be useful in working with the youth program:



WORK EXPERIENCE

List any job experience, paid or volunteer, and briefly explain what it involved:



Do you currently have a job?

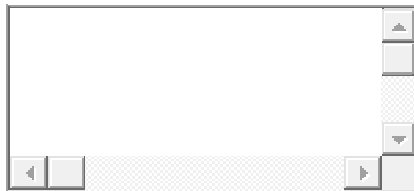
Yes No

How many hours per week?

Are you able to attend monthly youth events on Motzei Shabbos or Sunday morning?

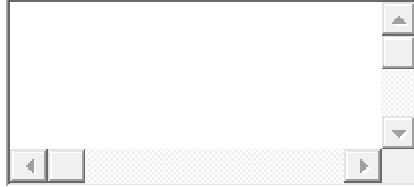
Yes No

Will you be able to regularly attend every Shabbos or are there circumstances that we should discuss?



GENERAL INFORMATION

Who is your hero or heroine (someone you admire)? Why?



Please explain what you hope to gain by participating in the Ohr Torah Youth Program?



Are you able to daven on Shabbos at the Hashkama Minyan (Minyan starts at 7:45 AM)?

Yes No



SECTION II

APPLICANT COMMITMENT

I understand the purpose of the Ohr Torah Youth Program. If I am selected, I will devote my time and resources as requested by the Youth Director. In signing this application, I understand and accept these commitments and agree to honor them.

Signature of applicant: _____

Date: _____