

# Camp Gan Israel of Indianapolis Staff Application Form

A Project of Lubavitch of Indiana 1037 Golf Lane, Indianapolis, IN 46260-4465  
Main office: 317/251-5573 Camp office (317) 253-9152 (fax 317/251-5510)  
Cgi@Lubavitchindiana.com

Call our office if you have any questions.

**We are looking for responsible, loving, devoted, and enthusiastic staff. Our camp is for children ages 2-14, and a variety of positions are available.**

## **Staff information:**

Name: First \_\_\_\_\_ Last: \_\_\_\_\_  
Home address: \_\_\_\_\_  
Other (if you live out-of-town): \_\_\_\_\_  
Contact Info: Phone #: \_\_\_\_\_ Email: \_\_\_\_\_  
School attending: \_\_\_\_\_ Present grade: \_\_\_\_\_  
School contact name: \_\_\_\_\_ School phone #: \_\_\_\_\_  
Date of birth: \_\_\_\_\_ **Last day of school:** \_\_\_\_\_

## **Previous Experience with Children:**

Camp: \_\_\_\_\_ Year: \_\_\_\_\_ Position: \_\_\_\_\_  
Camp: \_\_\_\_\_ Year: \_\_\_\_\_ Position: \_\_\_\_\_  
Camp: \_\_\_\_\_ Year: \_\_\_\_\_ Position: \_\_\_\_\_

## **References:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Any Questions: \_\_\_\_\_  
\_\_\_\_\_

What do you expect from this summer? \_\_\_\_\_  
\_\_\_\_\_

What are some of your strengths/talents/interest? \_\_\_\_\_  
\_\_\_\_\_

What is your preferred age group? \_\_\_\_\_

Whom are you applying with, (if anybody)? \_\_\_\_\_

**Upon completing your application form, please fax, email or mail it back to us. All our contact info is on the top of this application form. We will contact you within a week of receiving your application form, bli neder.**