



Camp Solomon Schechter Oded Application

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ SS#: _____

Email Address: _____

ADDRESS

Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Area Code & Phone Number: _____

EDUCATION

Jewish Education: _____

High School Name: _____

WORK HISTORY

Name of Organization: _____

Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Area Code and Phone Number: _____

Reason for Leaving: _____

Supervisor: _____ Dates of Employment: _____

Duties included: _____

WORK HISTORY (Continued)

Name of Organization: _____

Street: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Country: _____ Area Code and Phone Number: _____

Reason for Leaving: _____

Supervisor: _____ Dates of Employment: _____

Duties included: _____

CAMP EXPERIENCE

Name of Camp: _____ Ages: _____ Years: _____ Length of Program: _____

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Applicable skills or training: _____

Sports Skill Set: _____

Level of Religious Observance: _____

OTHER GROUP AND LEADERSHIP EXPERIENCE

Please include youth groups, extracurricular activities, team sports, et cetera.

Organization: _____ Address: _____

Director: _____ Responsibilities: _____

Organization: _____ Address: _____

Director: _____ Responsibilities: _____

Organization: _____ Address: _____

Director: _____ Responsibilities: _____

SHORT ANSWER QUESTIONS

1. The word “oded” means to invigorate. In what ways would you invigorate the other Odedim, campers and staff?
2. Why do you want to be an Oded?
3. Please list a few activities you participate in during the year that could help you as an Oded?
4. What do you think will be the most difficult part of the transition from being a camper to being an Oded?
5. What role do you believe the Odedim have in creating a positive Jewish environment for the campers?

Please Note: This form must be preceded or accompanied by a Camp Registration Form and Deposit to be considered!

CAMP SOLOMON SCHECHTER ODED REFERENCE LETTER FORM

Name: _____ Profession: _____

Street Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____

Phone: _____ Email Address: _____

This letter of reference is for: _____.

Camp Solomon Schechter is looking for qualified, talented staff for our Oded program. Applicants must be able to work well with children and handle themselves well under pressure. In the space provided below, please explain how you know the applicant, for how long, and what qualifications the applicant has to fulfill this position. Please use the back of this sheet or a second page if necessary.

Please send this form directly to:
Camp Solomon Schechter, 117 E Louisa Street #110, Seattle WA 98102

Thank you for your time

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