



Camp Solomon Schechter Oded Application

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____ SS#: _____

Driver's License Number: _____ Email Address: _____

Are you legally authorized to work in the USA? _____

If yes, what is the basis of your employment authorization? _____

ADDRESS

Street: _____

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

Country: _____ Area Code & Phone Number: _____

EDUCATION

Jewish Education: _____

High School Name: _____ Course of Study: _____

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: _____

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

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 counselor 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!

Washington State Law requires that the following questions be answered:

Have you ever pled guilty to or been convicted of a crime, excluding traffic violations? _____

A conviction will not necessarily disqualify you from employment.

If yes, please explain (attach extra pages if necessary): _____

Have you ever been involved in the physical and/or sexual abuse of another person? _____

Signature of Oded Applicant: _____ Date: _____

Signature of Parent or Guardian: _____ Date: _____

REFERENCES

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Please give the two attached questionnaires to two people who know you well and list them above. At least one of these should be given to a person who has observed you around children and the second one from a past or current employer. Please have them mailed directly to:

Camp Solomon Schechter
117 E Louisa Street #110
Seattle WA 98102
Phone: 206-447-1967
Fax: 206-447-2629
info@campschechter.org

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

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