

Eight Lights, Inc.

CAMP MENORAH

A Day Camp for Boys & Girls Ages 3-16

Mailing Address: 3 Bessom Street #158
Marblehead, MA 01945

Summer / Camp Address: 19 Wood Drive
Essex, MA 01929

Office Phone: 781-631-8081

Summer / Camp Phone: 978-768-6941

LEADER-IN-TRAINING APPLICATION

(for campers who have completed 8th grade)

Please note: This application is to be filled out by the L.I.T. A camper application and \$285 deposit are required in order to process this application. Please send your application to the mailing address listed above.

Name: _____ Email: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Social Security #: _____

Birthdate: _____ Sex: _____ Age: _____ Present Grade: _____

School: _____

CAMP EXPERIENCE:

Name of Camp: _____ Location: _____ Years: _____

VOLUNTEER OR PAID WORK EXPERIENCE:

JEWISH EDUCATION:

LIST GROUPS, ORGANIZATIONS, ETC. TO WHICH YOU BELONG, & POSITIONS HELD:

LIST HOBBIES AND INTERESTS:

SKILLS:

Check activities by number as follows: **1.** Have participated in; **2.** Enjoy immensely; **3.** Dislike; **4.** Can help teach:

<input type="checkbox"/> Arts & Crafts	<input type="checkbox"/> Dance	<input type="checkbox"/> Waterfront Activities
<input type="checkbox"/> Drama	<input type="checkbox"/> Nature	<input type="checkbox"/> Camp Craft & Pioneering
<input type="checkbox"/> Storytelling	<input type="checkbox"/> Sports	<input type="checkbox"/> Hebrew / Jewish Content
<input type="checkbox"/> Music	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Other: _____

REFERENCES:

List three references (including school) who could comment on your abilities and work experience. **Do not list relatives.**

Name:	Address:	Phone:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

GOALS:

Please write a short statement about your goals in applying for this program.

FOR OFFICE USE ONLY

Interview Comments & Recommendation: