



Yoetz

Application

Thank you for expressing interest in *Yoetz*, our Counselor-In-Training (C.I.T.) Program. Through our *Yoetz* C.I.T. Program, we seek to educate and train youth who are interested in working with children to become effective leaders and develop into successful future camp counselors. We seek to do that in three key areas: personal growth, skill growth, and leadership growth. In addition to these benefits, *Yoetz* will have a whole lotta fun, make new friends, and be put on a path toward potentially becoming a counselor with Camp Shalom in the future!

Instructions/Process:

1. The *Yoetz* C.I.T. program is ONLY open to youth who are entering 9th-10th grade in the Fall.
2. Youth wishing to participate in the CIT program must complete this application.
3. Give the 2 reference forms (attached) to people who know you well and are not related to you. Include an envelope you've already stamped and addressed to the camp address below—or ask them to scan it and email it to alix@apjcc.org
4. Turn in or mail your application to the camp address below. Your references may come separately.
5. Once the application and 2 references are turned in to the Camp Director, you *may* get a phone call to schedule an INTERVIEW.
6. By May 15th, 2020, you will get an email stating whether you have been accepted into the CIT program.
7. If you are accepted, you will be enrolled in the *Yoetz* C.I.T. Program.

For questions and additional information, contact the Camp Director at alix@apjcc.org or (408) 357-7447.

Return completed applications to:

Alix Davidson, Camp Director
Camp Shalom
14855 Oka Road, Suite 201
Los Gatos, CA 95032

or email completed applications/references to alix@apjcc.org

Be advised that *Yoetz* is a **SELECTIVE PROGRAM**. Applicants are chosen for their potential as a CIT and future staff—**Acceptance is not guaranteed and registration is not confirmed until applicant is accepted into the C.I.T. Program.**



14855 Oka Rd
Los Gatos, CA 95032
408.357.7416
Tax Id: 94-2222989
Preschool License: 430709398

C.I.T. Application

Please Print legibly

Date: ___/___/___

Name: _____

School: _____ Age: _____ Grade Fall 2020: _____

School Address: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-Mail Address: _____

Session Desired

Circle your choice of session 1 or session 2 below

Session 1: June 8th-July 3rd

Session 2:

July 6th-31st

Are there any days you are unavailable? _____

Experience in Organizations & Clubs:

Name of Club	# years	Leadership positions
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Camp Experience:

Name of Camp	# years
1. _____	_____
2. _____	_____

Other Positions of Responsibility/Leadership:

1. _____	_____
2. _____	_____

Check once (x) the activities that interest you and check twice (xx) those activities which you have taught or Led.

- ___ Swimming
- ___ Drama/Skits/Acting
- ___ Group singing
- ___ Group games
- ___ Athletics
- ___ Teambuilding
- ___ Jewish Culture
- ___ Israeli Culture

- ___ Nature
- ___ Outdoor Living Skills
- ___ Cooking
- ___ Arts & Crafts
- ___ Drawing & Painting
- ___ Science

Please name two of your strengths: _____

Please name two of your weaknesses: _____

Please tell us about a time (a real-life example) when you were a role model to someone else.

If you have been to summer camp before (ANY camp), what is your favorite camp memory?

Please list the names of three references (not relatives) and have them submit the attached forms.

1. _____ Phone #: _____

2. _____ Phone #: _____

3. _____ Phone #: _____

On a separate sheet of paper, please write a brief essay (250 words each) on both of the following topics and attach them to this application:

1. Why I wish to participate in the Camp Shalom CIT Program.
2. What I would contribute to Camp Shalom as a CIT.



Camp Shalom C.I.T. Reference Form

To CIT Program Applicant:

1. Enter your name on line, along with Other information asked for.
2. Give this form to your reference with a Stamped envelope addressed to:
Alix Davidson, Camp Director
confidential.
14855 Oka Road, Suite 201
Los Gatos, CA 95032

To the Person Completing Form:

The applicant below wishes to be a Counselor-In-Training at Camp Shalom and asks that you help us by checking under the heading that most nearly describes them. Feel free to make additional notes on the back of the form. The reference is

Your prompt and helpful response is appreciated.

Applicant Name: _____

Position Applying For: Counselor-In-Training

Is the applicant:	Not Observable	Above Average	Average	Below Average
1. An excellent role-model for kids?				
2. Reliable?				
3. Flexible, able to shift program direction on short notice?				
4. Loyal, supports both verbally and in action their peers and employer?				
5. Stamina: Can they work long hours at peak performance?				
6. Able to complete assigned work, follow through with attention to detail?				
7. Independent: Completes work without supervision?				
8. Neat in personal appearance?				
9. Have a reputation for honesty and integrity?				

If you were a parent, would you be happy to have this person as your child's caregiver? _____

Signature: _____ Printed Name: _____

Organization/Company: _____ Title: _____ Date: __

Address: _____ Phone: _____

Please list on the back any additional comments. Information about the candidate's interests, experience/skills in working with children will be helpful.



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