

Application

L'Dor V'Dor Summer Internship June 25 – July 20, 2018

Please complete the entire application and return it with all other materials.

You can email it to LDorVDor@hebrewhome.org or send it to the address at the bottom of this page attn.: Religious Affairs. Call us at (718) 581-1416 for any questions you have. Please note that your application will only be considered when all materials (application, essays & written reference) have been received. We will then schedule an interview with you. **Acceptances are made on a rolling basis.**

Biographical Information

Name: _____ **Date of Birth:** _____ **Sex:** _____
(First) (MI) (Last) (mm/dd/yyyy) F M

Home Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ **Cell Phone:** _____ **E-Mail:** _____
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School: _____ **Type:** _____
(Name)) Public Private Day School (Exp. Grad.)

Address: _____
(Street) (City) (State) (Zip)

Parent/Legal Guardian Information

Name: _____

Relationship: _____

Occupation: _____

Address (if different): _____

Home Phone: _____ **Cell Phone:** _____ **E-Mail:** _____
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Essay

- Tell a story about your family. It can be about the whole family or a particular member or a story that is told in your family about that person. It could be something you remember or even something that happened before you were born. What makes this story important to you?

Your response to the question will help us to learn about yourself. Your essay should be typed double-spaced and be approximately 250 - 300 words long. Remember to put your name on the top of each page. You can either attach a hard copy to your application or email a copy to LDorVDor@hebrewhome.org.

Reference

Please also ask someone other than your family who knows you well to tell us about your academic and personal qualifications. This could be either in the form of a letter or an email to LDorVDor@hebrewhome.org. Be sure to tell the person that a timely submission of the recommendation is important.

Please provide the following information:

Name of teacher writing recommendation: _____

School name: _____

Address: _____

Phone: _____

E-Mail: _____

Signature:

Date:

Parental Consent

If you are between the ages of 14 and 18, your parent or guardian must complete the following:

I hereby give permission to my son/daughter to be a volunteer at the Hebrew Home for the Aged at Riverdale by RiverSpring Health (HHAR) and for HHAR by RiverSpring Health to administer emergency medical treatment to my son/daughter should such treatment be necessary during his/her volunteer service.

Parent/Legal Guardian Information

Name: _____

Relationship: _____

Home Phone: _____ **Cell Phone:** _____ **E-Mail:** _____

(____) ____ - ____ (____) ____ - ____ _____

Signature: _____ **Date:** _____
