

Application

L'Dor V'Dor Summer Internship

Monday, July 6 – Friday, July 31, 2020

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. 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:** _____

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:** _____

Essay

- Tell a story about a person who has made an impact on your life. This person could be someone who you know personally or someone you only heard about.

Your response to the question will help us to learn about you. Your essay should be typed double-spaced and be approximately 250 - 300 words long. You can either attach a hard copy to your application or email a copy to LDorVDor@hebrewhome.org.

Reference

We will need a reference from one of your teachers who can 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 under the age of 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:** _____