

## Application

### L'Dor V'Dor Summer Internship July 1 – July 26, 2019

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

You can email it to [LDorVDor@hebrewhome.org](mailto: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:** \_\_\_\_\_

**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 someone who has made an impact on you either in your family or in your life. This person could be someone who is still living or someone who you have stories about.
- How has this person influenced your interest in this internship?

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](mailto: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](mailto: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/hervolunteer service.

**Parent/Legal Guardian Information**

**Name:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_      **Cell Phone:** \_\_\_\_\_      **E-Mail:** \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_ - \_\_\_\_      (\_\_\_\_) \_\_\_\_ - \_\_\_\_

**Signature:** \_\_\_\_\_      **Date:** \_\_\_\_\_