

# TEMPLE SHALOM OZRIM

NAME \_\_\_\_\_ SOCIAL SECURITY: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**PLEASE PRINT ALL INFORMATION**

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_

ZIP: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ BIRTHDATE: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CELL: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

PARENT'S NAME: \_\_\_\_\_

STUDENT E-MAIL ADDRESS: \_\_\_\_\_

PARENT E-MAIL ADDRESS: \_\_\_\_\_

## EDUCATION

WHAT WILL BE YOUR GRADE LEVEL IN SCHOOL IN SEPTEMBER? \_\_\_\_\_

WHERE DO YOU CURRENTLY ATTEND SCHOOL? \_\_\_\_\_

## JEWISH EDUCATION BACKGROUND

ARE YOU A MEMBER OF ANY JEWISH YOUTH ORGANIZATION(S)? LIST: \_\_\_\_\_

WHAT GRADES WOULD YOU FEEL MOST COMFORTABLE WITH? \_\_\_\_\_

WOULD YOU BE MORE COMFORTABLE IN A: \_\_\_\_ JUDAICA CLASS \_\_\_\_ HEBREW CLASS \_\_\_\_ BOTH

HAVE YOU EVER HAD EXPERIENCE TEACHING BEFORE? LIST (AIDE, CAMP, SPORTS, ETC.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this form is not an agreement that I will be selected to participate in the Ozrim program, but merely an application. I hereby swear that the above information is all true.

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Date)

I hereby approve of my child applying for a position in Temple Shalom's Ozrim program.

\_\_\_\_\_  
(Applicant's parent)

\_\_\_\_\_  
(Date)

- see back -

**-APPLICANT:**

## WHY WOULD YOU LIKE TO BE AN OZER/OZERET?

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(please attach pages if necessary)

## REFERENCES

NAME

**EMAIL ADDRESS****CELL PHONE**

1. \_\_\_\_\_

**RETURN YOUR FORMS TO:**

Temple Shalom Lifelong Learning Department  
6930 Alpha Road  
Dallas, Texas 75240