



Har Shalom ECEC Summer Program 2012

Volunteer Application—Summer 2012

Thank you for your interest in volunteering at the Har Shalom Summer Program. Please complete and return this application via email to llaor@harshalom.org or by mail to: Har Shalom ECEC, 11510 Falls Road, Potomac, MD 20854, Attention: Liran Laor.

Name _____ M/F _____

Home Address _____

Date of Birth _____ Email Address _____

Home Phone _____ Cell Phone _____

Current School _____ Grade _____ Major _____

Previous Volunteer Experience at Har Shalom? Yes _____ No _____ If yes, years volunteered and age groups _____

Relevant experience: (please use reverse side if you need additional space) _____

Special skills: (please use reverse side if you need additional space) _____

Hobbies and interests: (please use reverse side if you need additional space) _____

We require a least a 2 FULL week commitment.

Please check the weeks that you would like to volunteer.

6/18-6/29 _____; 7/2-7/13 _____; 7/16-7/27 _____; 7/30-8/10 _____; 8/13-8/24 _____

Preferred schedule: 9:00am-12:45pm _____ or 9:00am-2:15pm _____

Please check the preferred date you would like to attend the mandatory orientation:

Friday March 2 @1:30pm _____; Friday March 30 @11:00am _____;

Monday April 2 @10:00am _____; Wednesday May 23 @4:30pm _____

Please provide us with the name(s), address & phone # of your parent/guardian on reverse side.

Additional Comments _____

For office use only: Date recd _____ Acknowledged _____ Interview _____ Action: _____
--