

BETH EL HEBREW CONGREGATION
2010-2011 MADRICHIM PROGRAM AND MADRICHIM APPLICATION
RETURN APPLICATION AND AGREEMENT TO BETH EL RELIGIOUS SCHOOL BY
Friday July 16, 2010

Beth El Hebrew Congregation Religious School
3830 Seminary Road
Alexandria, Virginia 22304
Phone: 703 -370 - 6644
Fax: 703 - 370- 7730
E-mail bsmith@ bethelhebrew.org

Personal Information

Name: _____

Grade: _____ (As of September 2010) School: _____

Address: _____
Street City State Zip

Phone Number: (____) _____ Cell Number: (____) _____

Email: _____

Have you been a madrich/a before? (Circle One) Yes No

Which grade(s) did you work in? _____

Preferences

Which grade would you prefer to work in? _____

Which teacher would you like to work with? _____

Do you want to work in the office? (Circle One) Yes No

Do you have any special skills? (Circle one) Music Art Dance Computer Other

(Describe) _____

If you are will be in 11th or 12th grade, would you prefer to receive:

_____ Community Service Hours OR _____ Cash Stipend (approx. \$75/semester)

Please write a short paragraph telling why you would like to be a madrich/a – you may continue on the other side of this form.