

HABONIM DROR CAMP GILBOA MADATZ APPLICATION

Part I

Please take this seriously as your madrichim (counselors) will read this and direct the program according to your responses. Take as much time as you need to fill this out and use another piece of paper if necessary.

1. How long have you been involved with Habonim Dror? If you have attended another movement or program, please indicate which ones and for how long. _____

2. Did you go on MBI last year? If so, what was the most valuable lesson you took from this program? _____

3. Have you been to Gilboa before? Other Habonim Camps _____

4. What about machaneh (camp) did you particularly enjoy? _____

5. List any special interests, hobbies or talents that you have. _____

6. What activities at camp (educational and general camping) interest you the most?

7. What about this machaneh would you like to see altered and how would you go about changing this? _____

8. Briefly describe your favorite madrich/a (counselor) and why he or she made such a strong impression? _____

Madatz is a 5 1/2 week intensive preparation for leadership in the movement. This highly subsidized program is designed with the expectation that those participating are no longer chanichim (campers). With this comes a responsibility to act in a manner that is appropriate of young leaders. As part of the program you will be expected to work with the madrichim to help implement parts of the program. During the course of the summer you will be aided in developing your leadership skills. While working with the chanichim you will learn how to create a healthy environment for them. This application has been sent to you because we believe you are ready for the program and by the end of the summer will be prepared to return to Gilboa as madrichim for years to come.

9. With this in mind, why do you want to be part of the Madatz program? _____

10. How does the role of a Madatz participant differ from that of a *chanich/a* (camper) or a *madrich/a* (counselor)? _____

11. What do you bring to the kvutseh (group) and the machaneh? _____

12. What expectations do you have for this summer? (This is intentionally an open question and feel free to respond however you feel is appropriate). _____

**HABONIM DROR CAMP GILBOA
MADATZ APPLICATION**

Part II

Name _____ M/F _____

Address _____ City _____

State _____ Zip _____ Phone _____

Date of Birth _____ Grade entering next school year _____

Father's Name _____ Occupation _____

Address _____

Phone: Home _____ Office _____

Mother's Name _____ Occupation _____

Address _____

Phone: Home _____ Office _____

In case of emergency contact: _____

Relationship _____ Phone _____

Medical Insurance Information

Camp Gilboa carries no medical insurance. We do have a resident nurse and infirmary.

If your child has an individual insurance identification card, please send it with them.

Name of Insurance Company _____

Policy Number _____

Name of High School _____ Graduation Date _____

List names and dates of Hebrew or Jewish day schools you have attended:

What is your level of Hebrew?	Beginner	Intermediate	Advanced
Speaking	_____	_____	_____
Writing	_____	_____	_____
Reading	_____	_____	_____

List any Jewish organizations to which you belong.

List any other organizations to which you belong: teams, clubs, etc.

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Habonim Dror Camp Gilboa Drug and Alcohol Policy

I, _____, (print) understand that possession or usage of alcohol, marijuana or narcotics is strictly prohibited at Habonim Dror Camp Gilboa. I realize if I am in possession of or use drugs or alcohol, I will be sent home immediately at my parents' expense. I, _____, (print) also understand that smoking by campers (counselors in training) is prohibited.

Signature of Parent or Guardian

Signature of Counselor in Training

Parental Agreement: Please read carefully and sign

*A non-refundable deposit of \$150 is enclosed. Balance of tuition to be paid by May 24th 2002.

*Camp tuition will not be refunded for early departure due to reasons of discipline or otherwise.

*It is mutually understood that Habonim Dror Camp Gilboa accepts no responsibility for loss of or damage to any camper's property incurred during the session or while in transit. I take full responsibility for my son's/daughter's property.

*I hereby give permission for my child to leave the campgrounds for supervised camp programs and/or for medical treatment by qualified medical personnel.

*In case of medical emergency I hereby give permission to the Camp Corporation or their representatives to authorize the administration of health care services to my child by a physician or other professional health care provider (hospital paramedic, nurse, etc.). I also give my permission to the physician selected by the Camp Corporation to hospitalize, secure proper treatment for, and to order injection, anesthesia, or surgery for my child. Every effort will be made by the camp administration to immediately contact parents in the event of an emergency.

*I agree that Camp Gilboa may use any photograph or likeness of my child for camp publicity.

I have read the above information and I agree to the terms set forth therein.

Signature of parent or guardian: _____

I agree to cooperate with the camp staff and with my fellow campers. I also agree to observe the camp rules and to contribute to a good experience for me and the entire camp community.

Signature of Counselor In Training : _____

Please complete application form and return it with your check:

*Habonim Dror Camp Gilboa
22622 Vanowen Street, West Hills, CA. 91307
<http://www.campgilboa.org>*