

TAS AVODAH PROGRAM APPLICATION

2019-2020

NAME _____

ADDRESS _____

STUDENT E-MAIL _____ STUDENT PHONE _____

PARENT E-MAIL _____ PARENT PHONE _____

GRADE THIS FALL _____

SPECIAL INTERESTS AND TALENTS _____

GRADE / TEACHER REQUEST _____

(Request will be considered but cannot be guaranteed)

ARE YOU COMFORTABLE WORKING WITH STUDENTS ON HEBREW? _____ (Y/N)

I AM INTERESTED IN ASSISTING (check as many as apply):

- 8:30 – 8:30 HEBREW
- 9:30 – 12:00 RELIGIOUS SCHOOL
- 12:00 – 1:00 HEBREW

I understand and agree to abide by the rules of the Avodah Program. I agree to do the assigned work according to the instructions. I will keep records of time worked. I will turn in records of the work I perform.

Student's Signature

Date

Parent/Legal Guardian Section

I understand and have discussed the rules of the Avodah Program with my child. I agree to make arrangements for transportation, etc., so my child can honor his or her commitment.

Parent/Legal Guardian's Signature

Date

Questions? contact Jackie Zev, Avodah Chair, at TASAvodah@gmail.com.