

TORAH INSTITUTE
An affiliate of Machon Shlomo of Jerusalem
North Moodus Road
Box 378
Moodus, Connecticut 06469

APPLICATION FOR TUTOR KITCHEN STAFF (Please check one)

1. Applicant's Name _____

	Last	First	Hebrew
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 2. Address _____
 3. Telephone (Home) _____ (Cell) _____
 4. Date of Birth _____
 5. Yeshiva/School Currently Attending _____
 6. Which session(s) are you applying for ? June July August Women's
 7. How did you hear about Torah Institute ? _____
 8. List two persons who can serve as a reference for you :
Name _____ Relationship _____ Phone/Address _____
Name _____ Relationship _____ Phone/Address _____
 8. In case of emergency, whom should we contact ? Name _____ Phone _____
- (FOR TUTORS ONLY) Please describe how you will contribute to the program:

Date

Signature of Applicant