

TEMPLE BETH TORAH SHORASHIM/HEBREW SCHOOL
MADRICHIM APPLICATION
2024/2025

Please print legibly and return completed form to:
Cantor Rachel Slusky
cantor@templebethtorah.net

Name _____

Grade in 2024/25 _____ Pronouns _____

Your Email _____ Parent/Guardian Email _____

Your Cell Phone _____ Parent/Guardian Cell Phone _____

The best way to reach me is: _____

Please indicate 1st and 2nd choice (designate #1 and #2)

_____ **Sunday Office** _____ **Sunday Classroom (Preferred Grade _____)**

Please explain why you want to be a Madrich/a (typed page may be emailed, attached, or printed legibly)

Please read and sign the following:

I understand that, if I am assigned a position, both the teacher and students depend on my attendance and active role in the classroom/office.

I will, therefore, arrive on time and maintain consistent attendance. Should I need to miss work, I will contact Cantor Rachel, via phone or email, with advance notice. I will also do my best to attend all required meetings and workshops during the Hebrew school year.

I would like to receive community service credit _____

Student Signature

Parent/Guardian Signature

Date