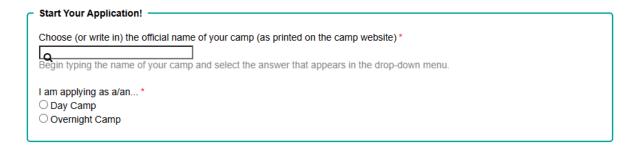
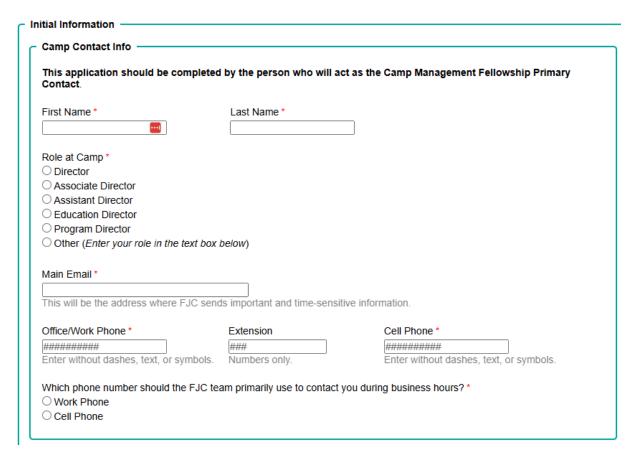
Thank you for your interest in the 2025 Camp Management Fellowship!

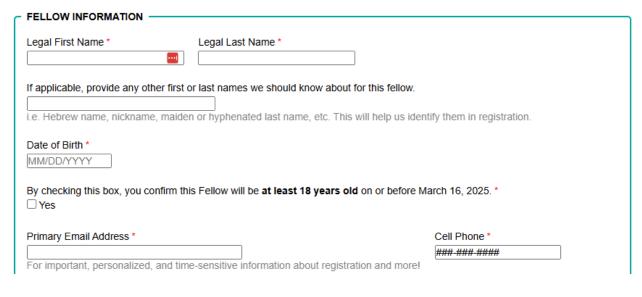
This document can be used to preview the application questions. Please use this only for planning purposes.

To be invited into the program, you must submit your application through FormAssembly by Friday, February 7th at https://jewishcamp.tfaforms.net/5115546





olleggue's First Name *	Colleganiele Last Name *	
olleague's First Name *	Colleague's Last Name *	
colleague's role at Camp *		
Director		
Associate Director		
Assistant Director		
Deducation Director Description Director		
Other (Enter your role in the text box	below)	
Dalla a surala Essail *		
Colleague's Email *		
Colleague's Office/Work Phone *	Extension	Colleague's Cell Phone *
#########	###	###########
Enter without dashes, text, or symbols.	Numbers only.	Enter without dashes, text, or symbols.
What does seasonal supervisor training	ng currently look like at your ca	np? What do you like about it? What would you like to
What does seasonal supervisor training	ng currently look like at your ca	np? What do you like about it? What would you like to
What does seasonal supervisor training change? *		mp? What do you like about it? What would you like to
What does seasonal supervisor training change? * Please provide your answer in 3-4 full s	entences.	
What does seasonal supervisor training change? * Please provide your answer in 3-4 full s What are the top three supervision sk	entences.	
What does seasonal supervisor training change? * Please provide your answer in 3-4 full s	entences.	
What does seasonal supervisor training change? * Please provide your answer in 3-4 full s What are the top three supervision sk	entences. ills you wish your seasonal sup	
What does seasonal supervisor training change? * Please provide your answer in 3-4 full s	entences. ills you wish your seasonal sup et/list format if preferred.	ervisors had? Why? *
What does seasonal supervisor training change? * Please provide your answer in 3-4 full s What are the top three supervision sk Feel free to provide your answer in bulk	entences. ills you wish your seasonal sup et/list format if preferred.	ervisors had? Why? *



What year was this person's first year on your camp's staff? * Please select Please do not include CIT/SIT/LIT year(s).
Position/Role at Camp this Summer (2025) * If you already know the unit or specialty this person is supervising this summer, please specify.
Which training is this Fellow prepared to attend? * Please select ▼
Share anything you'd like us to know about this Camp Management Fellow. What do you hope they gain from the program? Why are they the ideal candidate from your camp? *
Please write 1-2 sentences about this fellow or include a list of skills/growth areas. Address
Please share the address below of the location this Fellow will be traveling to/from the in person gathering from. Street Address *
Country * Please select
State/Province City * Postal Code * Please select Please select

Add Another Fellow's Details

Confirmation & Commitment		
oonminator a oonminanen.		
All Fellows are REQUIRED to attend the CMF in-person training they select in its entirety. Please confirm you will only provided cohort information that includes members who can commit to attending the full in-person gathering and all of the requirements provided *		
○ Yes, our camp understands and agrees.		
Your camp's application for this year's Camp Management Fellowship is almost complete! On the NEXT page you'll be able to review, edit, and/or print your responses. Your submission will not be final until you click "Confirm" at the bottom of the NEXT page.*		
I understand and will review/edit/print responses and click "Confirm" at the bottom of the NEXT page to submit.		
E-SIGNATURE		
Type your full name below to affirm this statement:		
I have the authority to agree to the information submitted, and I certify that all information provided herein is true and accurate. *		