

OZO CRITERIA VERIFICATION SHEET

Please Print Clearly

Name: _____ Phone: (____) _____ - _____

Email: _____

Please complete the criteria below and attach any necessary forms in order to be eligible for the Ozo selection process.

Note: Please include first and last name of supervisor

CPR Certification-	
(Please Attach Proof)	
<input type="checkbox"/> yes <input type="checkbox"/> no	Expiration Date: _____

Jewish Education-			
<u>Org. Name/Description</u>	<u>Supervisor Name</u>	<u>Supervisor's Phone/Email</u>	<u>Supervisor's Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

School and/or Religious Group, Club or Team-			
<u>Org. Name/Description</u>	<u>Supervisor Name</u>	<u>Supervisor's Phone/Email</u>	<u>Supervisor's Signature</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

OZO CRITERIA Pg. 2

Name: _____

Resume and Personal Essay-
(Please Attach)

yes no

Good High School Attendance-
(Attach Proof of Good Attendance)

yes no

Have you ever been dismissed, sent home, removed or expelled from a program or activity?

yes no

If yes, provide details and date below including supervisor contact info-

Filled out by Herzl Camp

Exemplary Behavior and Maturity in Past Camp Programs-

yes no

If no, provide details below-

Successful completion of Herzl trainings-

yes no November
 yes no December
 yes no January
 yes no Retreat

Group/Individual Interview

yes no

