

Lutheran Outdoor Ministries Indiana-Kentucky

5215 N 450 W, Angola IN 46703 Email: info@lomik.org Phone: 260.667-7750 Website: www.lomik.org

VOLUNTEER APPLICATION

Site Preference: (mark all that apply) Lutheran Hills	☐ Lake Luther ☐ Lutherwald
Name	☐ Male ☐ Female
first middle last Home Address	
Home Phone	
City State Zip	
Date of Birth SS # Cell Phone	
Home Congregation	
City	State
Type of volunteer Teacher Cadet Nurse Project I	Leader Pastor Other
Currently Employed Yes No	
Currently a Student Yes No	
Please submit any pertinent certifications along with application.	
PREVIOUS CAMP EXPERIENCE	
Have you attended summer camp as a camper, staff, teacher, nurse or vo	olunteer?
If so, briefly describe your camp experience (e.g. camp name, when, type of program)	
COMPLETE THE FOLLOWING STATEMENT. I would like to serve at camp because	
Have you been convicted of a felony or a misdemeanor? Have you been convicted of a crime that included sexual abuse? Are there any impairments, physical or mental, which would interfere with your ability to perform as a member of the LOMIK camp state Do you have any special dietary needs (e.g. vegetarian)? If yes, please explain	□ No □ Yes □ No □ Yes aff? □ No □ Yes □ No □ Yes
In submitting this application, I agree to allow LOMIK to run background checks on me and, if accepted, I will abide by all LOMIK personnel policies, camp rules, and task assignments.	
Signature	Date
Emergency contact: Name/phone/relationship	

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Application can also be filled out, scanned and emailed to: info@lomik.org