Lutheran Outdoor Ministries Indiana-Kentucky

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

Date of Birth _____ SS # _____ Cell Phone _____

Home Congregation _____

City _____ State _____

Type of volunteer **Teacher** ☐ **Cadet** ☐ **Nurse** ☐ **Project 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 volunteer? ☐ Yes ☐ No

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?	☐ No	☐ Yes
Have you been convicted of a crime that included sexual abuse?	☐ No	☐ Yes
Are there any impairments, physical or mental, which would interfere with your ability to perform as a member of the LOMIK camp staff?	☐ No	☐ Yes
Do you have any special dietary needs (e.g. vegetarian)?	☐ No	☐ Yes

If yes, please explain _____

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