

Laestadian Lutheran Church
Application for Camp Work

I desire to serve as a _____ for _____

I am available for camp work from _____ to _____

Please print clearly:

Name _____

Address _____

I would be ready to serve at those camps where the staff is not paid.

Telephone () _____ Age _____ Social Sec. No. _____

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Occupation _____

Education _____

Applicant's signature _____ Date _____

If under 18, signature of parent or guardian _____

In case of emergency, please notify _____

References: List three references. Please include two of the following: a speaker, a board member or a youthworker.

(1) _____ (2) _____ (3) _____

These facilities are operated in accordance with the U.S. Department of Agriculture policy which does not permit discrimination because of race, color, sex, age, handicap, or national origin.

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Camp Director's Reply

Welcome to serve at the following camp:

Camp	Location	Dates	Your position
_____	_____	_____	_____

Please arrive at camp by _____ a.m. / p.m.

Please notify the Camp Director (below) immediately if you are not able to serve.

Sorry, the positions at camp for which you have applied have been filled. We will place your name on a waiting list and contact you if a position opens up.

"For God is not unrighteous to forget your work and labour of love" (Heb. 6:10).

_____	_____	_____
Date	Camp Director	Phone

Employee Experience and Confidential Health History

Name _____

Birthdate _____ Male _____ Female _____

Previous Experience:

Identify the types of camps you have served at and when: _____

I have served in the following capacities: Big Brother/Sister Food Service Other

I have attended previous workshops for camp staff: yes no

I have a car available for use at camp: yes no

Please identify training and certifications: (attach copies)

Expiration Date	Expiration Date
Advanced Life Saving _____	ARC Lifeguard _____
Red Cross Water Safety _____	CPR Certified _____
Water Safety Instructor _____	Other: (list below) _____

Hobbies: _____

Musical instrument(s): _____

Previous place of employment: _____

Medical:

Medications needed or used (including psychiatric)

Kind	Frequency	Dosage	Currently being taken	
			yes	no
			yes	no
			yes	no

Special conditions to be watched for such as ALLERGY (reactions to food, Penicillin or other drugs)

Test Results			
	Date	Type	Results
Tuberculin (skin test)			
X-ray (if skin test is positive)			
OTHER			
OTHER			

ACTIVITY RESTRICTIONS because of any physical problem or illness? yes no

If yes, explain degree of restriction:

Have you ever tested positive for any infectious disease (e.g. hepatitis, HIV, etc) yes no

If yes, please explain:

Have you ever been convicted of anything other than a minor traffic violation? yes no

If yes, please explain:

Victims or perpetrators of child, sexual or physical abuse are requested to disclose this information:

I certify that this information is true to the best of my knowledge.

Signature

Date