



Camp Omega
 (507)-685-4266 • info@campomega.org • www.campomega.org
 22750 Lind Ave Waterville, MN 56096
 - Application for Volunteer Resource Person -

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Best Time to Call _____

Male Female Social Security No. _____

Driver's License No. _____ State _____ Type _____

Church Membership _____ City _____ Denom _____ Synod _____

PAST EMPLOYMENT (List two most recent employers)

Employer	Address / City / State / Zip	Phone	Position	Dates
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____

Have you ever been convicted of a child abuse or sexual abuse offense? Yes No If yes, please explain: _____

Have you ever been convicted of a misdemeanor? Yes No If yes, please explain: _____

Do you have any impairment, physical or mental, which might limit or affect your performance of duties? Yes No

If yes, please explain: _____

Do you give permission for the camp to do a complete background check? Yes No

REFERENCES: List names and addresses of 3 people (not relatives and not fellow students who have knowledge of your character, experience, and ability. Please provide complete addresses and phone numbers.

Name	Address	Telephone (include area code)	Relationship
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

APPLICANT'S SIGNATURE: Your signature below verifies that you have completed this application form, that all information is true to the best of your knowledge, and you are herewith submitting it to Camp Omega on your behalf. If accepted into a position, any false statements on this form are grounds for immediate dismissal.

I give my permission to contact any previous employer and/or reference and/or school and I will hold harmless any such employer/reference/school for any information they release about me relative to my volunteering at Camp Omega.

Signed: _____ Date: _____

***Please attach a copy of your medical certification and/or license to verify qualifications.