



**Camp Omega**  
 (507)-685-4266 • [info@campomega.org](mailto:info@campomega.org) • [www.campomega.org](http://www.campomega.org)  
 22750 Lind Ave Waterville, MN 56096  
 - Application for Volunteer Health Care Supervisor -

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 \_\_\_\_\_

**CERTIFICATIONS** -Please list type and expiration date of all CURRENT certifications and licenses in each category.

Waterfront: \_\_\_\_\_ Medical: \_\_\_\_\_ Wilderness: \_\_\_\_\_

Food Service: \_\_\_\_\_ Other: \_\_\_\_\_

**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.