



Camp Omega

22750 Lind Ave, Waterville, MN 56096 • (507) 685-4266
info@campomega.org • www.campomega.org
Application for Health Care Volunteer

Name _____ T-Shirt Size: _____ (for your free pre-ordered short sleeve shirt)

Cell Phone _____ Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Email _____ Best Time to Call _____

Male Female Date of Birth ____/____/____ Social Security No. _____

Driver's License No. _____ State _____ Type _____

Church Membership _____ City _____ Denomination _____

CERTIFICATIONS AND LICENSURE

Please list type and expiration date of all CURRENT certifications and licenses. Please attach a copy of certification and/or license to verify qualifications.

Medical: _____

Aquatic: _____ Wilderness: _____ Other: _____

MOST RECENT EMPLOYMENT

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 Camp Omega to do a complete background check? Yes No

REFERENCES List names and addresses of three people (not relatives) who have knowledge of your character, experience, and ability. Please provide complete addresses, phone number and email.

Name	Address	Telephone (include area code)	Email	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 I will hold harmless any such employer/reference for any information they release about me relative to my volunteering at Camp Omega.

Signed: _____ Date: _____ 100310