



# Camp Omega

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

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 \_\_\_\_\_

Synodical Status  Teacher  DCE  DCO  Pastor  Lay Minister  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: \_\_\_\_\_