



**CAMP OMEGA, INC.**

22750 Lind Avenue  
Waterville, Minnesota 56096-9320  
Phone 507.685.4266  
Fax: 507.522.1661  
www.campomega.org • info@campomega.org

**APPLICATION FOR EMPLOYMENT**

**COMPLETE, SIGN, AND RETURN TO ADDRESS ABOVE**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ Best time to call \_\_\_\_\_

(Optional) Church Membership \_\_\_\_\_ City \_\_\_\_\_

(Optional) Denomination \_\_\_\_\_ Synod \_\_\_\_\_

Have you ever been a staff member at Camp Omega before? \_\_\_\_ If yes, when and in what position did you serve? \_\_\_\_\_

\_\_\_\_\_

**SKILLS** (attached Resume if necessary)

Position applying for (list as many as interests you): \_\_\_\_\_

List all skills (equipment or personal) you have that may apply to the position that you are seeking: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATIONS** – List type and expiration date of all CURRENT Certificates and Licenses in each category.

First Aid: \_\_\_\_\_ CPR: \_\_\_\_\_

Waterfront: \_\_\_\_\_ Food Service: \_\_\_\_\_

Other: \_\_\_\_\_

**DESCRIBE WHY YOU DESIRE TO WORK AT CAMP OMEGA**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

