



CAMP PERKINS LUTHERAN OUTDOOR MINISTRIES

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Winter Office: Oct 1 - May 15
PO Box 1965 • Hailey, ID 83333

Summer Office: May 16 - Sept 30
HC 64 Box 9384 • Ketchum, ID 83340

SEASONAL STAFF APPLICATION

COMPLETE, SIGN, AND RETURN TO ADDRESS ABOVE

Name _____ Phone _____

Address _____

City _____ State _____ Zip _____

E-mail _____ Best time to call _____

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

Driver's license No. _____ State _____ Type _____

Church Membership _____ City _____ Denomination _____ Synod _____

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

What were your responsibilities? _____

EDUCATION STATUS:

High School / College / Other	City/State	Year	Degree earned

Organizations or Clubs in which you are active _____

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

First Aid: _____ CPR: _____ Waterfront: _____

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? _____ If yes, explain: _____

Have you ever been convicted of a felony or misdemeanor? _____ If yes, explain: _____

Do you have any impairment, physical or mental, which might limit or affect your performance of duties? _____ If yes, describe _____

Do you give permission for a potential employer 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 to you
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 Perkins LOM on your behalf. If employed, 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 employment with Camp Perkins LOM.

Signed: _____ Date: _____