



1050 Road 4, Schuyler NE 68661 · 402-352-5655 · campluther@campluther.org

## Ministry Assistant Application

Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

Phone \_\_\_\_\_ Birthdate: \_\_\_\_\_ Male  Female  Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Driver's license No. \_\_\_\_\_ State \_\_\_\_ Type \_\_\_\_ Home Congregation \_\_\_\_\_ City \_\_\_\_\_

LCMS Lutheran  Yes  No If no, what denomination? \_\_\_\_\_

**EDUCATION STATUS:**

School (High School and College)	City, state	Degree	Completed Y/N

**PAST EMPLOYMENT: (List two most recent employers)**

Employer	Employer Address	Position	Dates of employment

**Certifications:**

List type and expiration date of all Certificates (first aid/CPR, Lifeguard, food service, other). \_\_\_\_\_

\_\_\_\_\_

Previous office or ministry experience - \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a child abuse or sexual abuse offense?  Yes  No If yes, explain: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor?  Yes  No If yes, explain: \_\_\_\_\_

**APPLICANT'S SIGNATURE:** By signing below you verify completion of this application form, you attest that all information is true to the best of your knowledge, and you are herewith submitting it to Camp Luther of NE on your behalf. If employed, any false statements on this form are grounds for immediate dismissal. By signing below, I give my permission for Camp Luther of NE to contact any school, previous employer, and/or reference. My signature also permits Camp Luther of Nebraska to complete a criminal and any other background check required for the position I am applying for.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_