



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

Program Intern 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 camp 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: _____