



Lutheran Outdoor Ministries Indiana-Kentucky

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Phone: 260.667-7750
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VOLUNTEER APPLICATION

Site Preference: (mark all that apply) Lutheran Hills Lake Luther Lutherwald

Full Name _____ Male Female

Home Address _____ Home Phone _____

City _____ State _____ Zip _____

Date of Birth _____ SS # _____ (birth date and SSN are required for background check)

Cell Phone _____ Email _____

Home Congregation (city) _____

Have you been convicted of a crime, other than minor traffic violations? Yes No

If yes, please explain: _____

What position are you applying for - or what kind of work are you best qualified to perform?

Type of volunteer **Teacher** **Cadet** **Nurse** **Project Leader** **Pastor** **Other**

If Other, please provide details: _____

Currently Employed Yes No Currently a Student Yes No

Please submit any pertinent certifications along with application.

COMPLETE THE FOLLOWING STATEMENT. I would like to serve at camp because...

Emergency contact: (name/relationship) _____ phone _____

Do you have any special dietary needs (e.g. vegetarian)? No Yes

Do you have any physical restrictions while at camp? No Yes

Do you have any allergies that require you to carry an Epi Pen? No Yes

If yes to any of the above, please explain _____

This health history record is correct as far as I know. I understand and certify that I am over the age of 18 and my participation in the summer camp program is completely voluntary. I understand that certain hazards and dangers are inherent in the camp program, and I acknowledge that Lutheran Outdoor Ministries Indiana-Kentucky, Inc. (LOMIK) cannot guarantee that the activities will be free of accidents and injuries. I have also considered the status of family members in my household which respect to preexisting medical conditions and are aware that viruses can be passed between staff/campers and/or brought home from camp. I understand and certify that I will abide by the camp's rules and procedures for the safety of all camp participants.

If I receive professional medical attention in and EMERGENCY and am unable to give my consent, I hereby give my permission to the attending physician secured by LOMI hospitalize, secure proper treatment for, to order injections, anesthesia, or surgery for myself and to provide routine health care and dispense medications.

Adults on site have access to over-the-counter medications through the infirmary on an as needed basis. These medications are kept away from the general camp population and shall be accessed through the Camp's Health Officer only and recorded on the infirmary log.

Signature _____ Date _____

Voluntary Disclosure and Authorization for Background Check

In order to maintain a safe and healthy environment for children and families at Lutheran Hills, Lutherwald and Lake Luther, Lutheran Outdoor Ministries Indiana-Kentucky (LOMIK) maintains accreditation from the American Camp Association, which sets national standards of "best practices." Furthermore, LOMIK recognizes the obligation to hire appropriate summer staff to supervise children. I understand that these searches will be used to determine eligibility under LOMIK policies. Therefore, I authorize the consent for full release of records to the authorized representatives of LOMIK. I understand that according to the Federal Fair Credit Reporting Act, I am entitled to know whether employment was denied based up on the information obtained and received, upon written request, a disclosure of the background report. I also understand that I may request a copy of the report form LOMIK, by submitting an email request to info@lomik.org.

Sex Offender Background Check

All individuals who volunteer or seek employment with LOMIK undergo a background screening of the National Sex Offenders Registry. In cases where an individual appears on this listing or otherwise noted for a conviction relating to Sex Offenses, the employment offer will be rescinded. In no case will an individual, employee or volunteer, who has been identified on the National Sex Offender Registry or other like reference, continue working with LOMIK.

Authorization and Release to Obtain Information

After reading this document, I fully understand its contents and authorize and permit Lutheran Outdoor Ministries Indiana-Kentucky (LOMIK) to conduct a background check such as Enhanced Nationwide Criminal Search, Department of Justice Sex Offender Search, and if applicable a Motor Vehicle report. I understand that LOMIK may deny or terminate employment or volunteer service of any person that is found, regardless of when discovered, to have a history of complaints of abuse, have resigned, been terminated, or been asked to resign from a position whether paid or unpaid, due to complaint(s) of sexual abuse and/or have falsified or omitted information in this disclosure statement. I hereby release and hold harmless any person, firm, or entity that discloses matters in accordance with this authorization, as well as Lutheran Outdoor Ministries Indiana-Kentucky, from liability that might otherwise result from their request for use of and /or disclosure of any or all of the foregoing information.

Your e-signature is as binding as a written signature of authorization and indicates you are bound by the terms of this document, not that you merely received and reviewed the document.

Signature of applicant, employee or volunteer: _____

Printed Name: _____

Date: _____

Signature of parent/legal guardian (if a minor): _____

Printed Name: _____

Date: _____