



**LUTHERAN OUTDOOR MINISTRIES OF FLORIDA**

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**SUMMER STAFF APPLICATION: RETURNING STAFF**

Name (First, Middle, Last) \_\_\_\_\_

Date \_\_\_\_\_

Name of College Attending \_\_\_\_\_

Staff Shirt Size \_\_\_\_\_

College Address [ ] MAIL HERE	Home Address [ ] MAIL HERE
Street	Street
City State Zip	City State Zip
Phone	Phone
Personal Information	
E mail	Date of Birth
Driver's License # State	Social Security #

Work Experience Since Last Summer			
Employer	Position	Location and Phone #	Dates
1.			
2.			

LOMF Position Desired: List all positions you would be willing to accept, in order of preference.	
1.	3.
2.	4.

Please list any additional certifications you hold:	
1.	3.
2.	4.

- Is there any physical condition that would affect your job performance?

If yes, please explain: \_\_\_\_\_

- Have you ever been convicted of any felony, child abuse or unlawful sexual offense?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

Are you presently under treatment for drug or alcohol abuse?

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

- Are you willing to undergo another criminal history background check?

#### REFLECTIONS

1. Why do you want to serve on the Luther Springs staff again?

2. In what ways do you hope to grow this summer?

3. What will be your number one priority in being on staff this summer?

4. Tell us about your faith journey since you began camp your last summer.

5. Briefly tell about your favorite memory from last summer.

6. What is one thing for which you would like to have campers this summer remember you?

7. Give one example of how you plan to make this summer at camp better than last year.

8. I can't wait to be a part of one of the greatest summer staffs ever assembled!!!!

Hey, did you steal this whole form from Randy?

I am gonna get so RICH this summer!

I won't have to work with kids, will I?

Multiple choice, huh? My answer is always B.

Signature: \_\_\_\_\_

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

Thank you, and please return to:

Attn: **Summer Staff Application**

Luther Springs

264 Vause Lake Rd.

Hawthorne, FL 32640

johnc@lomfla.org

- Your application will be complete after you've had **three reference forms** completed and returned •
  - Use a separate page for additional response to any part of this application •

This form is fillable and savable. If you have problems, please print the filled form and mail it to our office. We have been told that Macs are not cooperative and may cause issues when trying to save the document.