



Shetek Lutheran Ministries Agape Volunteer Application 2019

GENERAL INFORMATION

Name (first and last): _____ Gender: _____

Phone/Cell (# you use most often): _____ Email: _____

Permanent Mailing Address: _____

City: _____ State: _____ Zip: _____

I am a youth applicant 14 years or older. Birthdate: _____ Age: _____

Applicants must be at least 14 years of age to serve as an Agape.

I am an adult applicant 18 years or older.

Anyone over the age of 18 must have a background check. We will email you the required information for you to complete online. Please let us know if other arrangements need to be made.

I am available the entire week (Sunday afternoon – Friday afternoon)

I am available these times: _____

REFERENCES (If you have served as an Agape in the past, you do not need to provide new references.)

Please list 2 people (not a family member or peer) that SLM can contact as references.

1. Name: _____ Email: _____ Phone: _____

2. Name: _____ Email: _____ Phone: _____

QUESTIONS - Please answer the following questions. Attach a separate sheet if necessary.

1. What is your experience (if any) working with people who have mental and/or physical special needs?
(Please also include any special certifications you might have that would be helpful in working with individuals with special needs.)

2. Why are you interested in spending a week serving as an Agape at S.O.S. Camp?

3. Please describe how you work with others especially in a team setting.

RETURN APPLICATION & QUESTIONS - Please return this application by **June 1, 2019**.

If you have further questions or concerns in regards to this application or serving as an Agape, please contact the Program Director, Dana at dana@shetek.org or 507-763-3567.

Shetek Lutheran Ministries Attn: Dana Isaacson 14 Keeley Island Dr. Slayton, MN 56172
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