



# Lutherans Outdoors in South Dakota

2001 S Summit Ave • Sioux Fall SD 57197  
(800) 888-1464

# Returning Summer Staff Application

Name \_\_\_\_\_

Email \_\_\_\_\_

Contact Phone \_\_\_\_\_

School Attending 2011 -12 \_\_\_\_\_

Current Year in School \_\_\_\_\_

College Major/Minor \_\_\_\_\_

Church you currently participate in \_\_\_\_\_

Pastor's Name \_\_\_\_\_

Available Start Date \_\_\_\_\_ T-shirt Size \_\_\_\_\_  
*(used for staff shirt order)*

Current Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Congregation \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

### Please number your preferences for the program(s) in which you would like to work: (1, 2, 3, etc.)

NeSoDak	Joy Ranch
Outlaw Ranch	AMR - Servant Camp
Klein Ranch	AMR - Adventures
Day Camp	AMR - Fort Courage

### What position(s) would you like to apply for?

- Counselor    Support Staff    Wrangler/Asst. Wrangler  
 Healthcare    Food Service    Other \_\_\_\_\_

Number of previous summers working at camp: \_\_\_\_\_

Please List:

Camp \_\_\_\_\_ Dates \_\_\_\_\_

Camp \_\_\_\_\_ Dates \_\_\_\_\_

### Do you hold certification in any of the following:

LIST EXPIRATION DATE

Basic First Aid	Lifeguard / WSI
Wilderness First Aid	Small Watercraft
Other Advanced First Aid	CPR
EMT	Horsemanship

Are you pursuing or will you have any other certifications by summer? If so, What?

List any other work and volunteer experience that may relate to the position for which you are applying:

### DRIVERS: (Some positions require staff to drive camp vehicles)

Drivers License No. \_\_\_\_\_ State \_\_\_\_\_

Birthdate \_\_\_\_\_

Do you have a CDL?  YES    NO

In the Past 3 Years: # of Tickets \_\_\_\_\_ # of Accidents \_\_\_\_\_

### REFERENCES

We require one reference if you worked at camp the previous summer. If it has been two or more summers since you last worked at camp, we require two references. The references should be from people you have worked with or been associated with since last working with Lutherans Outdoors. Use a pastor, teachers or employers, **but not personal friends**. Please send reference forms to your references and also list their names below. Forms are available to print from [www.losd.org/resources](http://www.losd.org/resources) or completed at [www.losd.org/staff/reference\\_form.html](http://www.losd.org/staff/reference_form.html).

1. Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Phone \_\_\_\_\_

Relationship \_\_\_\_\_

**EMPLOYMENT & VOLUNTEER EXPERIENCE**

*Please list all work, internship, and volunteer positions since you last worked at camp within the last five years. List your current or most recent employer first. Complete all information requested, including an accurate mailing address, even if you have previously worked at an ELCA camp. If it has been 12 months since you last worked at camp, this information will be used to complete a Background Check. Applications without complete information cannot be processed and will be returned to you. Please copy and use another sheet if needed.*

Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company City/State/Zip: \_\_\_\_\_  
Co. Phone: \_\_\_\_\_  
Position \_\_\_\_\_  
Start Date: month/year: \_\_\_\_\_ End date: month/year \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Youth Related? \_\_\_\_\_

Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company City/State/Zip: \_\_\_\_\_  
Co. Phone: \_\_\_\_\_  
Position \_\_\_\_\_  
Start Date: month/year: \_\_\_\_\_ End date: month/year \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Youth Related? \_\_\_\_\_

Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company City/State/Zip: \_\_\_\_\_  
Co. Phone: \_\_\_\_\_  
Position \_\_\_\_\_  
Start Date: month/year: \_\_\_\_\_ End date: month/year \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Youth Related? \_\_\_\_\_

Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company City/State/Zip: \_\_\_\_\_  
Co. Phone: \_\_\_\_\_  
Position \_\_\_\_\_  
Start Date: month/year: \_\_\_\_\_ End date: month/year \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Youth Related? \_\_\_\_\_

Company: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company City/State/Zip: \_\_\_\_\_  
Co. Phone: \_\_\_\_\_  
Position \_\_\_\_\_  
Start Date: month/year: \_\_\_\_\_ End date: month/year \_\_\_\_\_  
Supervisor \_\_\_\_\_  
Youth Related? \_\_\_\_\_

**Please answer the following questions honestly and as completely as possible. Please attach another page if necessary.**

Since last applying for a position with Lutherans Outdoors, have there been any major changes in your life? *If so, please explain.*

Explain any experiences you have had and/or ways that you have grown in the past year(s) that would help you do well as a summer camp staff person.

Please describe your faith journey, including any changes or growth in your understanding of God, your faith, or the Church since you last were employed by Lutherans Outdoors.

What has been your participation in religious activities over the past year(s)?

What are your personal goals for the coming summer? Why are you interested in the position you are applying for?

Please provide here any other comments, questions, or information you would like to share with us.

**Have you ever been accused or convicted of any violent crime, criminal sexual behavior, or crimes against children?**

NO  YES

*If YES, please attach separate sheet with explanation*

### **BACKGROUND CHECK**

If it has been more than 12 months since you worked for Lutherans Outdoors, you will need to complete the background check. In order for your application to be complete, you MUST complete, sign, and mail to the camp to which you are applying the "Background Authorization Form". This document may be downloaded at <http://www.losd.org/staff/employment.html>.

### **VERIFICATION**

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.

Signature \_\_\_\_\_

Date \_\_\_\_\_

We consider applicants for all positions without regard to race, color, sex, national origin, religion, or the presence of a non-job related handicap.

**As we consider your availability to work at camp this summer, please list any special times you need off** (other than the regular Friday 5:00 through Sunday morning). Dates of employment for **Outlaw & Atlantic Mountain Ranch (AMR)** are May 27 to August 11, **NeSoDak** are May 20 to August 11 and **Klein** are May 27 to August 4.

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**Please mail to your site preference.**

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**Outlaw & Atlantic Mountain Ranches**

Mary Stutz  
12703 Outlaw Ranch Rd  
Custer SD 57730

**Phone:** 605.673.4040

**Email:** outlaw@losd.org

**NeSoDak & Klein Ranch**

Teri Gayer  
3285 Camp Dakota Dr  
Waubay SD 57273

**Phone:** 605.947.4440

**Email:** nesodak@losd.org

**Joy Ranch**

Betsy Debertain  
16633 448th Ave.  
Florence, SD 57235

**Phone:** 605.886.4622

**Email:** joyranch@losd.org