

Lander Lutheran Camp
Counselor/Volunteer Form

I hereby wish to be involved at Lander Lutheran Camp as a counselor and/or volunteer. I acknowledge that I am 21 years of age. I understand that I will help supervise children under the age of 16.

Name: _____ Gender: M___ F___ Age: _____

Address: _____ Phone #: (____) _____

City: _____ State: _____ Zip Code: _____

Visit <http://wy.lcms.org/youth/camps.htm> for camp dates.

Have you ever been accused or convicted of a sexual or other abuse crime? Yes () No ()

If you answered "Yes" to the above question, please explain the circumstances on the lines below.

Every Lander Lutheran Camp volunteer's name will be submitted to a national sex abuse database. Your signature states that you acknowledge and approve of such investigation.

Signature: _____ Date: _____

Congregation Name: _____

Pastor's Name: _____

Pastor's Signature: _____

Please mail the completed form to:

Mr. Matt Carter
626 Fremont
Rock Springs, WY, 82901