

# Shetek Lutheran Ministries Agape Application 2009

**Please type or print:**

Name: \_\_\_\_\_ Age: \_\_\_\_ Grade Entering Fall of 2009: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**List three references, other than family or friends:**

Name	Relationship to you	Phone
------	---------------------	-------

---

---

---

**Please answer the following questions:**

Have you ever worked with mentally or physically challenged persons? If so, when and where?

Why are you interested in spending a week serving at S.O.S. Camp?

The success of S.O.S. camp depends on people working together. Please describe how you work with others, particularly those you may not get along with.

**Please return this application no later than June 1, 2009**

Return to: Shetek Lutheran Ministries  
14 Keeley Island Drive  
Slayton, MN 56172