

Agape Application 2008

Please attach this to the camper registration form found in the 2008 camp brochure or online at www.shetek.org

Please type or print:

Name: _____ Age: ____ Grade Entering Fall of 2008: _____

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, 2008

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

