



**Application For Employment  
Summer 2024**

**June 24th - July 25th  
Monday - Thursday 8am - 3pm  
\*No Camp July 1st - July 5th**

Camp Smiles GS is an Equal Opportunity Employer and is committed to excellence through diversity.

Please print or type. The application must be fully completed to be considered. Please complete each section, even if you attach a resume.

Please submit application to [campsmls@gmail.com](mailto:campsmls@gmail.com)

## Personal Information

Name \_\_\_\_\_ Shirt Size: **S , M , L , XL, XXL**

Address		City	State	Zip
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Phone Number	Mobile Number	Email Address
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Are You A U.S. Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have You Ever Been Convicted Of A Felony? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Have you had a **Background Check** in the past year? If yes, who conducted the background check?  
Yes  No

## Position

**Position You Are Applying For:** (if this is your first year with Camp Smiles, then you would apply for 1<sup>st</sup> year assistant).

- Lead Counselor (TBD)
- 3<sup>rd</sup> Year Assistant
- 2<sup>nd</sup> Year Assistant
- 1<sup>st</sup> Year Assistant
- Volunteer

Have you worked for Camp Smiles GS in the past?

Yes  No

Are you available to **Monday-Thursday (8:00-3:00)** during the months of **June, July 2022?**

Yes  No

**By applying for a position at Camp Smiles GS you are agreeing to assist with any personal care tasks a camper may need?**

Yes  I agree. No  I do not agree.

**Are you able to lift at least 40 pounds?**

Yes  No

Will you need flexible work hours?  
If, yes, please list days and times available to work:

Location Preference (Select One)

- Seacoast Church (Conway)
- Palmetto Shores Church (Myrtle Beach)

\*Although Camp Smiles GS cannot guarantee your preferred location, we will do our best to make all accommodations\*

## Education

School Name	Location	Years Attended	Degree Received	Major

## References (do not include family members, one reference must include a Camp Smiles Counselor)

Name	Title	Company	Phone

## Employment History

<b>Employer (1)</b>	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip
<b>Employer (2)</b>	Job Title		Dates Employed
Work Phone			
Address	City	State	Zip

## Signature Disclaimer

I certify that my answers are true and complete to the best of my knowledge.  
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Name (Please Print)	Signature _____
Date	