

# Volunteer/Peer Application

Summer 2024

Camp Dates

June 24th, 2024 - July 25th, 2024

\*No Camp July 1st - July 5th



## Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

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

Location you would like to volunteer for: \_\_\_\_\_  
*Palmetto Shores Church Seacoast Church*

Have you ever volunteered with Camp Smiles GS before? YES NO \_\_\_\_\_

What did you like most about volunteering?: \_\_\_\_\_

## Education

List all that Apply:

## References

Please list a Camp Smiles GS counselor as a reference.

Full Name:

## Previous Volunteer Experience

Organization: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

YES NO

May we contact your previous supervisor for a reference?

\_\_\_\_\_

Allergies: (Please list)

Special Talents:  
(Please list your creative or special talents or interests)

Please provide a brief description for why you want to volunteer with Camp Smiles of the Grand Strand.

## Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to volunteering at Camp Smiles GS I understand that I am to behave responsibly, respectfully and caring towards campers and staff. I will encourage my fellow campers through praise, assistance, and understanding. I understand that at any time my behavior is not respectful or responsible, I may be dismissed from my volunteer service.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Volunteer)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent)

Shirt Size: