



Volunteer/Peer Application

Summer 2025

Camp Dates
July 7th - July 31st

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: