



**Application For Employment**

Summer 2024

July 7th - July 31st

Monday - Thursday 8am - 3pm

Training Dates: June 25th & 26th

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 [campsmilesgs@gmail.com](mailto:campsmilesgs@gmail.com)

**Personal Information**

|  |               |   |       |
|--|---------------|---|-------|
| Name   |               | Shirt Size: (Write In)  |       |
| Address  |               | City  | State |
|  |               | Zip   |       |
| Phone Number   | Mobile Number | Email Address   |       |
| Are You A U.S. Citizen?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |               | Have You Ever Been Convicted Of A Felony?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |       |
| Have you had a <b>Background Check</b> in the past year? If yes, who conducted the background check?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |               |   |       |

**Position**

|  |  |   |
|--|--|---|
| <b>Position You Are Applying For:</b> (if this is your first year with Camp Smiles, then you would apply for 1 <sup>st</sup> year assistant).<br><br>Lead Counselor (TBD)<br>3 <sup>rd</sup> Year Assistant<br>2 <sup>nd</sup> Year Assistant<br>1 <sup>st</sup> Year Assistant<br>Volunteer | Have you worked for Camp Smiles GS in the past?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                            | <i>By applying for a position at Camp Smiles GS you are agreeing to assist with any personal care tasks a camper may need?</i><br>Yes <input type="checkbox"/> I agree. No <input type="checkbox"/> I do not agree. |
|  | Are you available Monday-Thursday 8am - 3pm during the month of July 2025?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> | Are you at least 18 years of age?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |
|  |  | Are you able to lift at least 40 pounds?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |

|  |   |
|--|---|
| Will you need flexible work hours?<br>If, yes, please list days and times available to work: | Location Preference (Select One)<br>Seacoast Church (Conway)<br>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                |                 |