



Summer Missionary Assistance Program Application

Fax to: 1-204-663-0246 or **Email:** smap@onehopecanada.ca

Mail to: 6-875 Gateway Rd, Winnipeg, R2K 3L1 **Questions? Call** 1-888-960-2580

PLEASE PRINT

Name: _____

Mailing Address: _____

Email: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____ Male _____ Female _____

Serving at: _____

Position: _____

Start Date: _____ Anticipated End Date: _____

Total Number of Weeks Serving: (minimum of four weeks is required to qualify for SMAP): _____

Position Type

<input type="checkbox"/> JUNIOR CABIN LEADER	<input type="checkbox"/> LEADERSHIP (Asst. Programmer, Lifeguard, etc.)
<input type="checkbox"/> FRONT LINE (Cabin Leader, Activity Inst., etc.)	<input type="checkbox"/> SENIOR LEADERSHIP (Programmer, LDP Coord., Food Services Coord., etc.)

Condition of Employment

I understand that my employment with the above stated camp involves a VOLUNTEER component that will require time beyond what I am paid for, and which I expect no wages or compensation for overtime and holidays. I understand that only as I make the need known to my friends and family, and God in turn provides the funds, will the camp be able to meet the maximum wage levels.

I have read, understand and agree with the above.

Name (print)

Signature

Date