

# SMAP

## Summer Missionary Assistance Program

Name: \_\_\_\_\_ Male Female

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Serving at: \_\_\_\_\_

Position: \_\_\_\_\_

Start date: \_\_\_\_\_ Anticipated end date: \_\_\_\_\_

Total number of weeks serving (*minimum of 4 weeks is required to qualify for SMAP*): \_\_\_\_\_

### Position Type

JUNIOR CABIN LEADER

FRONT LINE  
(Cabin leader, Activity Instructor, etc)

LEADERSHIP  
(Asst Programmer, Lifeguard, etc.)

SENIOR LEADERSHIP  
(Programmer, Coordinator, 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

Fax to: 1-204-663-0246 or

Email: [smap@onehopecanada.ca](mailto:smap@onehopecanada.ca)

Mail to: 3-212 Henderson Highway (Box 323)

Winnipeg, MB R2L 1L8

Questions? Call 1-888-960-2580

