



# Summer Missionary Assistance Program Application

**Fax to:** 1-204-663-0246 or **Email:** [lorid@onehopecanada.ca](mailto:lorid@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: (        ) \_\_\_\_\_ - \_\_\_\_\_

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

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

Start Date: \_\_\_\_\_ Anticipated End Date: \_\_\_\_\_

## 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