

2026 STAFF APPLICATION

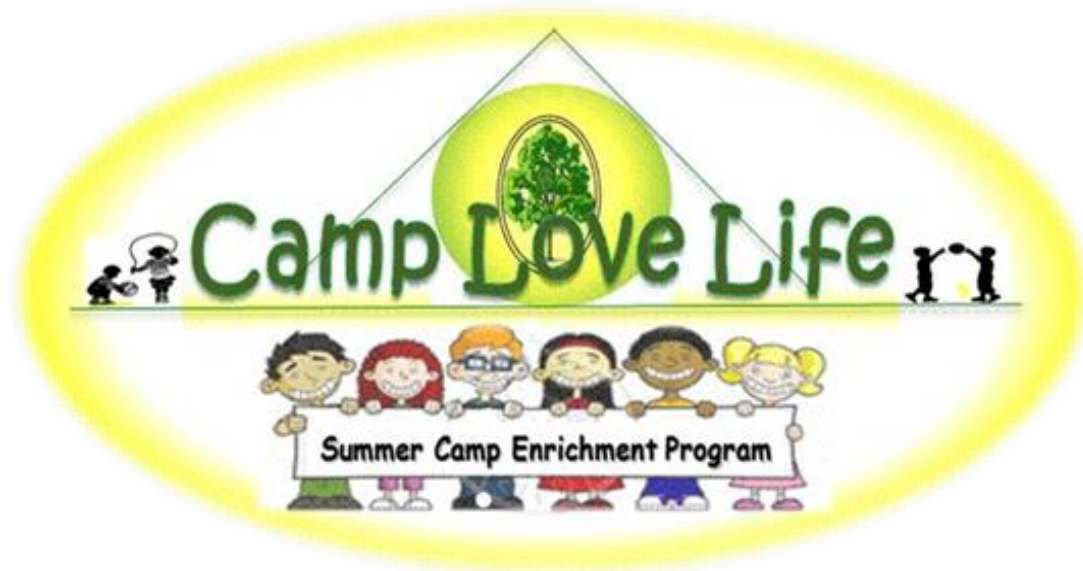
(Applicant must be at least 18 years of age)

Completed applications must be submitted no later than: **MAY 3, 2026**

Love Life Center, Inc.

3980 Panthersville Road
Ellenwood, Georgia 30294
404-241-8001
404-241-1519 – Fax

Email: camplovelife@gmail.com



“Giving Love and Building Lives”

Summer Camp Dates: June 8, 2026 – July 24, 2026

Applicant must be available for set-up/break-down before and after camp.

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DATE: _____ Age of Applicant: _____ *(must be at least 18 years of age)*

**Please ensure that you have read the Job Description for the position in which you are applying.*

POSITION(S) APPLYING FOR: Camp Director | Teacher [list subject area(s) _____]
 Athletic Director | Camp Monitor | Support Staff | Other _____
 Indicate your areas of interest or special skills _____

PERSONAL INFORMATION

NAME _____
 (Last) (First) (Middle)

ADDRESS _____

 (City) (State) (Zip Code)

SOCIAL SECURITY NUMBER ____ / ____ / ____ DATE OF BIRTH ____ / ____ / ____

HOME PHONE _____ CELL PHONE _____

ALTERNATE PHONE _____ FAX _____

EMAIL ADDRESS _____

T-SHIRT SIZE Adult S M L XL 2XL 3XL

Driver's License/State Identification #	State	Expiration Date

PLEASE ANSWER THE FOLLOWING QUESTIONS APPROPRIATELY

Have you ever been convicted of a felony? IF YOU RESPONDED YES, PLEASE GIVE THE FOLLOWING INFORMATION: Nature of Offense Name and Location of Court Date of Conviction <i>Arrest or conviction is not an automatic bar to employment. Each case is considered on its individual merits.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you an American Citizen? If you responded NO, a copy of your authorization to work issued by the U.S. immigration and Naturalization Service must be submitted prior to employment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Are you currently employed? If YES, Name of Employer: Please circle your available work days:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Monday Tuesday Wednesday Thursday Friday

Indicate times available: _____

List any specific days or times that you are *not available*: _____

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EMPLOYMENT HISTORY					
Name of Employer		Location (City & State)		Phone	
Date Started	Rate of Pay \$	Starting Position/Title		Ending Position/Title	
Date Left	Rate of Pay \$	Supervisor's Name and Title		Reason for Leaving	
Responsibilities					
Name of Employer		Location (City & State)		Phone	
Date Started	Rate of Pay \$	Starting Position/Title		Ending Position/Title	
Date Left	Rate of Pay \$	Supervisor's Name and Title		Reason for Leaving	
Responsibilities					
Have you ever worked or volunteered with children? YES NO If YES, list the name of the organization and the capacity in which you served.					
Education	School Name and City	Degree Earned/Credentials	Area of Study		
High School		<input type="checkbox"/> None <input type="checkbox"/> Diploma <input type="checkbox"/> GED			
College/Trade School		<input type="checkbox"/> None <input type="checkbox"/> Degree			
Graduate/Professional School		<input type="checkbox"/> None <input type="checkbox"/> Degree			
Additional Training		<input type="checkbox"/> None <input type="checkbox"/> Certificate			
PERSONAL REFERENCES:					
Provide name, address and telephone number of (3) personal references (non-relatives and non-employers)					
Name		Phone Number		Address or E-Mail	
1.					
2.					
3.					

I certify that the answers given herein are true and complete to the best of my knowledge. I authorize Love Life Center, Inc. to check all references from current and previous employers, personal references and others that may be relevant to my employment or my ability to perform the job for which I have applied. I understand that I am a responsible for filing the appropriate tax documentation to the Internal Revenue Service for any compensation that I receive. I understand that if hired, I agree to provide a criminal background check (dated no later than 30 days of application date) before the staff orientation date.

Applicant's Signature

Date

Completed applications may be turned into the EduCare Complex during office hours; scanned and emailed to camplovelife@gmail.com; or faxed to 404-241-1519 no later than: **MAY 3, 2026**