

BAY CLIFF HEALTH CAMP

SUMMER 2020

PROFESSIONAL STAFF APPLICATION

Current Date: _____

INTEREST

Check which profession you are applying for, and/or indicate your status as appropriate:

Deaf/Hard of Hearing (D/HoH) Support Indicate profession/certification: _____**Dental Staff** Dental Asst. Dental Coordinator Indicate pre-profession/profession: _____**Music Therapy** MT-BC**Nursing** RN LPN**Occupational Therapy** Student OT COTA OT
Willing/Able to supervise student? YES NO**Physical Therapy** Student PT PTA PT
Willing/Able to supervise student? YES NO**Speech-Language Pathology** Student SLP CF CCC-SLP
Willing /Able to supervise CF or Student? YES NO**Professional Support for Visually Impaired (VI) Campers** Indicate profession/certification: _____

EMPLOYMENT OPPORTUNITIES

List available employment dates *and* check any summer employment opportunities for which you would like to apply:

Dates available: _____

- Spring Pre-camp (May 4—June 13: dates flexible)
- Summer Children's Therapy Camp (June 14—August 9)
- Camp Independence (August 13—19)
- Post-camp (August 10—August 28: dates flexible)

IMPORTANT INFORMATION FOR PROFESSIONAL STAFF

Receiving Michigan licensure may take 6 weeks or more, and a Michigan license or certification must be in place before campers arrive on **June 21, 2020**. For professionals becoming licensed in Michigan for the first time, Bay Cliff offers reimbursement up to \$200.00.

Practicing in a camp setting differs in several ways from a traditional work setting. Staff both live and work on camp grounds, and working hours are not limited to those of a typical schedule. In addition to regular caseload or patient responsibilities, you become integrated into the many aspects of camp life. You are expected to participate in camp activities, spend mealtimes with the campers, and be available to support the counseling staff.

IDENTIFYING INFORMATION

Name: _____

Address: _____ City, State, Zip Code: _____

Address from which you are travelling to Bay Cliff (for travel stipend calculation): _____

E-mail: _____ Phone: (_____) _____ T-shirt size: _____

Emergency Contact: _____ Relationship: _____ Phone: (_____) _____

HOW DID YOU LEARN ABOUT BAY CLIFF?



ACCOMMODATIONS, HEALTH, SUBSTANCES, AND PERSONAL BACKGROUND

If needed, attach sheets with additional information in response to any of the following.

- YES NO Do you foresee any difficulty performing the duties for which you are applying? If yes, what accommodations would you need? (May include: personal circumstances, medical conditions, physical or mental health concerns)

- YES NO Bay Cliff is an alcohol/tobacco/marijuana free campus. Will an environment that prohibits the use of alcohol, tobacco, and marijuana be a problem for you?

- YES NO Bay Cliff has a zero tolerance bullying policy. Will an environment that prohibits bullying be a problem for you?

- YES NO Have you ever had personal involvement in any incident of questionable/inappropriate interactions with children? If yes, please explain:

- YES NO Have you ever been convicted of neglect, physical abuse, or sexual abuse of children, or any crime relating in any manner to children and/or your conduct with them? If yes, please explain:

TRUTH OF STATEMENTS AND AUTHORIZATION FOR REFERENCES

The information I have given in this application is true and complete to the best of my knowledge. I hereby authorize Bay Cliff Health Camp to contact references, past or present employers, persons, schools, law enforcement agencies, and any other source of information that may be relevant to my application for employment. I release the camp, past or present employers and others from liability in connection with the same. I also understand that, if employed, any untrue, misleading, or omitted information may result in my dismissal. I have read, understand, and agree to the above statements.

Print Name _____ Date _____

Maiden/Previous Name(s) _____

Signature (sign hard copy or type First and Last Name) _____

- [Check box for digital signature] I understand that checking this box constitutes a legal signature.

You may need to provide a hard copy signature upon arrival at camp.

SUBMISSION PROCESS

First time applicants - submit this application, your resume (including 3 professional references) and a letter of interest addressing:

- What brings you to Bay Cliff? What appeals to you about Bay Cliff?
- How will you use your strengths to benefit Bay Cliff campers and the Bay Cliff therapy team?
- How do you see your role in the camp setting, which differs in some ways than a more traditional work setting?

Returning applicants - submit this application and a letter of interest addressing:

- Why do you want to return to Bay Cliff?
- What did you do well the last time you were employed at Bay Cliff?
- What will you do better/improve upon if you are able to return?

Depending on your last year of employment, we may require you to provide additional information, per camp licensing.

EMAIL APPLICATION TO: baycliff@baycliff.org *or* **MAIL APPLICATION TO:** Bay Cliff Health Camp—PO Box 310—Big Bay, MI 49808
Questions/concerns? Contact: **Theresa Campana (Therapy Director)** at (906)345-9314 ext 256 *or* tcampana@baycliff.org