

BAY CLIFF HEALTH CAMP

Current Date: _____

VOLUNTEER APPLICATION

Dates Available: _____

Application must be received and processed by the Bay Cliff office before the volunteer can begin work. All application information is kept in strict confidence.

IDENTIFYING INFORMATION

Name: _____ Address: _____

City, State, Zip Code: _____ Phone: (____) _____

E-mail: _____ Best way/time to contact you: _____

Drivers License or State ID Number: _____ State: _____

Emergency Contact: _____ Relationship to applicant: _____ Phone: (____) _____

EXPERIENCE, INTEREST, AND SKILLS

YES NO Have you previously been employed or volunteered at Bay Cliff?

Most recent year of employment/volunteering and position at Bay Cliff (if applicable) _____

In what capacity are you interested in volunteering? (Check any that apply)

- Camper Unit assistant (list unit preference if known) _____
- Program assistant (requires previous Bay Cliff experience)
- Activities instructor or assistant (Arts & Crafts, Performing Arts, Recreation, Nature, Aquatics, Archery) _____
- Kayaking/Canoeing instructor
- Therapist or Therapy assistant (requires previous Bay Cliff experience)
- Health and Dental (doctors, nurses, dentists): _____
- Supporting staff assistant (maintenance, office, kitchen, dining room, dish room, laundry): _____
- Other: _____

Any specialized education, training, certifications, or experience that impacts how you can contribute? _____

ACCOMODATIONS, 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 volunteer duties for which you are applying? If yes, what accommodations would you need? (This 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 or sexual abuse of children, or any crime relating in any manner to children and/or your conduct with them? If yes, please explain: _____

AUTHORIZATION TO CHECK CRIMINAL RECORD

The following identifiers are needed to conduct criminal history checks with local, state and federal law enforcement agencies:

Legal Name: _____ DOB: _____

Maiden Name: _____ Sex: _____

Alias Name: _____ Race: _____

Social Security #: _____ Drivers License #: _____

Residence(s) during the last five years (including college and home residences):

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

City _____ State _____ Years _____

(Continue on a separate sheet if necessary)

By my signature below, I authorize Bay Cliff Health Camp to obtain information pertaining to any criminal history I may have for local, state or federal criminal law violations. The information will be gathered from any law enforcement agency in this state or any other local, state or federal government, to the extent permitted by local, state and federal law.

Signature (sign hard copy or type first and last name) _____ Date _____

- [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.

ADDITIONAL VERIFICATIONS AND PERMISSIONS

- I have read and agree to abide by the rules outlined in the Bay Cliff Camp Policies Summary.
- I have read and agree to abide by the Bay Cliff Dress Code.
- I hereby give permission for the use of photographs and/or video of myself recorded during Bay Cliff events for Bay Cliff print media, the Bay Cliff website, Bay Cliff social media, and visiting external media outlets for educational and promotional purposes by Bay Cliff Health Camp.

TRUTHFULNESS

The information I have given in this application is true and complete to the best of my knowledge. I understand that 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.

SUBMIT APPLICATION

EMAIL APPLICATION TO: baycliff@baycliff.org **or MAIL APPLICATION TO:** Bay Cliff Health Camp—PO Box 310—Big Bay, MI 49808



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