

# BAY CLIFF HEALTH CAMP

# SUMMER 2020

## CAMP INDEPENDENCE STAFF APPLICATION

Current Date: \_\_\_\_\_

### INTEREST

Check any positions you are interested in. Staff must be at least 18, with at least 1 year of college/technical training preferred.

- Counselor
- Camper Unit Director
- Program Coordinator
- Lifeguard
- Activities Instructor (Arts and Crafts, Aquatics, Boating, Kayaking, Photography, Recreation, etc) Indicate: \_\_\_\_\_
- Supporting staff (Maintenance, Laundry, Housekeeping, Kitchen, Dish Room, Office) Indicate: \_\_\_\_\_
- Health Staff (Nurse)

All Camp Independence staff work from **Thursday, August 13th—Wednesday, August 19th, 2020**. Staff may arrive on the evening of Wednesday, August 12th if preferred.

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Best way/time to contact: \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Current Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Date Leaving (if applicable): \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

### DRIVING

Do you have a valid Drivers License?  YES  NO Type of license (operator, chauffeur, commercial, etc) \_\_\_\_\_

Drivers License Number \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

Has your license ever been suspended or revoked?  YES  NO If yes, when? \_\_\_\_\_

For what reason? \_\_\_\_\_

### EDUCATIONAL HISTORY

School: \_\_\_\_\_ Major(s)/Degree(s) \_\_\_\_\_

School Address: \_\_\_\_\_ [Anticipated] Graduation Date: \_\_\_\_\_

Recognitions: \_\_\_\_\_

Other Education: \_\_\_\_\_

### SCHOOL INVOLVEMENT, COMMUNITY INVOLVEMENT, VOLUNTEER ACTIVITIES

What school extracurricular activities/clubs/organizations and/or community activities/organizations are you part of?

What volunteer activities have you led or taken part in?

## **EMPLOYMENT HISTORY AND REFERENCES**

*Submission of application provides consent to contact past/current employers.*

Have you previously been employed at Bay Cliff Health Camp?  YES  NO If yes, what years and positions? \_\_\_\_\_

**Listing 1**      Dates: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Position: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Listing 2**      Dates: \_\_\_\_\_ Place of Employment: \_\_\_\_\_  
Position: \_\_\_\_\_ Address: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## **REFERENCES**

Please provide the names of three non-related **ADULTS** who have knowledge of your experience and ability in a work, volunteer, or educational environment. You may list up to 1 personal reference, i.e. a neighbor or family friend. *Submission of application provides consent to contact listed references.*

**Listing 1**      Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Listing 2**      Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

**Listing 3**      Name: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

## **MILITARY SERVICE**

Branch of Service \_\_\_\_\_ Date of Entry \_\_\_\_\_ Date of Discharge \_\_\_\_\_

National Guard/Reserve Status \_\_\_\_\_

## **SKILLS, TRAINING, CERTIFICATIONS, HOBBIES, TALENTS**

What additional skills, training, or certifications do you have that may have a bearing on your employment/contribution?

What are your hobbies, interests, and talents?

## **AQUATICS CERTIFICATIONS**

**FOR AQUATICS STAFF (AMERICAN RED CROSS OR EQUIVALENT):**

- |  |                |  |                |
|--|----------------|--|----------------|
| <input type="checkbox"/> First Aid/CPR/AED ( <i>required</i> ) | Expires: _____ | <input type="checkbox"/> Lifeguard Management    | Expires: _____ |
| <input type="checkbox"/> Lifeguarding ( <i>required</i> )      | Expires: _____ | <input type="checkbox"/> Water Safety Instructor | Expires: _____ |

## **GETTING TO KNOW YOU**

*Attach additional sheets if necessary.*

Why do you want to work at Bay Cliff in the Camp Independence program?

What experiences do you have with individuals with physical disabilities?

What experiences have you had as a camper and/or camp staff member?

What strengths will you bring to Bay Cliff and the campers in your position?

How did you learn about Bay Cliff?

- Recommendation: Name of person \_\_\_\_\_
- Website
- Social media
- Print media
- Job/Career Fair
- Other: \_\_\_\_\_

## **SPECIAL DIETARY NEEDS**

List any special dietary needs or food allergies: \_\_\_\_\_

## **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 persons from vulnerable populations? If yes, please explain:

- YES  NO Have you ever been convicted of neglect, physical or sexual abuse? If yes, please explain:

## **ADDITIONAL VERIFICATIONS AND PERMISSIONS**

- I have read the corresponding job descriptions for any positions I am applying for, and I meet the necessary physical, educational, experience, and age requirements.

## **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.*

## **SUBMIT APPLICATION**

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



**ALL APPLICATION INFORMATION IS KEPT IN STRICT CONFIDENCE**