

BAY CLIFF HEALTH CAMP

SNOW DAYS STAFF APPLICATION

Current Date: _____

Application must be received and processed by the Bay Cliff office before the applicant 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: _____

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

Preferred method to receive additional information prior to program: E-mail Mail

INTEREST

Indicate below that you are available to help staff the program on the given dates:

Snow Days—February 14th-16th, 2020

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) _____

What positions are you open to? (Check any that apply)

Counselor

Nurse

Activities Instructor (Arts & Crafts, Recreation, etc.): _____

Supporting Staff (kitchen, dining room, dish room, etc.): _____

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 abuse, or sexual abuse of children, or any crime relating in any manner to children and/or our conduct with them? If yes, please explain:

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. **If you worked at Bay Cliff in 2018 or 2019, you do not need to provide 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: _____

COMPENSATION

We value the time, energy, and talents you bring to Bay Cliff! Compensation is available for staff. Please check the applicable box.

- Paid Position
 Volunteer Position

ADDITIONAL VERIFICATIONS AND PERMISSIONS

- 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 AND BACKGROUND CHECK AUTHORIZATION

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.

Furthermore, 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.

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

Questions regarding Snow Days may be directed to **Martha Process** at (906)345-9314 ext 257 or msmithprocess@baycliff.org

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



ALL APPLICATION INFORMATION IS KEPT IN STRICT CONFIDENCE