

# BAY CLIFF HEALTH CAMP

# SUMMER 2020

## **D** 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 Adult Camp 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?





