

BAY CLIFF HEALTH CAMP

SUMMER 2022

ACTIVITIES INSTRUCTOR APPLICATION

Current Date: _____

INTEREST

Check any area you are interested in staffing. For department heads*, a college degree, educational license, equivalent experience, or previous Bay Cliff experience is preferred.

- Arts and Crafts Supervisor*
- Arts and Crafts Assistant Instructor
- Aquatics Supervisor*
- Lifeguard
- Performing Arts Instructor*
- Nature Instructor*
- Recreation Instructor*

EMPLOYMENT OPPORTUNITIES

Check any summer employment opportunities that interest you *and* list dates available:

- Spring Pre-camp (May 2—June 11: dates flexible)
- Summer Children's Therapy Camp (June 12—August 7)
- Post-camp (August 8—August 26: dates flexible)

Dates available for consideration: _____

ADDITIONAL INTERESTS

Please fill out the application that best represents your preferred position. If you are interested in consideration for other seasonal positions at Bay Cliff, please check any appropriate boxes.

- Counselor
- Supporting staff (Maintenance, Laundry, Housekeeping, Kitchen, Dish Room, Office)
- Unit Leader
- Program Staff (Program Coord., Teen Coord.)

IDENTIFYING INFORMATION

Name: _____ Phone: (____) _____

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

Current Address: _____ Apt/Room: _____

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

Permanent Address: _____ Apt/Room: _____

City, State, Zip Code: _____

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

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

DRIVING

Do you have a valid Drivers License? YES NO Type of license (operator, chauffer, commercial, etc) _____

Drivers License Number _____ State _____ Exp. Date _____

Has your license ever been suspended or revoked? YES NO If yes, when/why? _____

EDUCATIONAL HISTORY

Applicants under 23 years old must complete the high school information.

High School: _____ Graduation date: _____

Recognitions: _____

College: _____ Major(s)/Degree(s) _____

[Anticipated] Graduation Date: _____ Recognitions: _____

Technical School/Trade School/Certificates/Apprenticeships: _____

Recognitions: _____

Post High School Education not described above: _____

Recognitions: _____

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 Place of Employment: _____
Position: _____ Dates: _____
Supervisor: _____ Email: _____ Phone: (_____) _____

Listing 2 Place of Employment: _____
Position: _____ Dates: _____
Supervisor: _____ Email: _____ Phone: (_____) _____

Listing 3 Place of Employment: _____
Position: _____ Dates: _____
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. **If you worked at Bay Cliff in 2020 or 2021, 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: _____

MILITARY SERVICE

Branch of Service _____ Date of Entry _____ Date of Discharge _____

National Guard/Reserve Status _____

SCHOOL INVOLVEMENT, COMMUNITY INVOLVEMENT, VOLUNTEER ACTIVITIES

What school extracurricular activities/clubs/organizations and/or community activities/organizations have you participated in?

What volunteer activities have you led or taken part in?

GETTING TO KNOW YOU

Attach additional sheets if necessary. [Returning staff answer questions in brackets.]

Why do you want to work at Bay Cliff? [Why do you want to return to Bay Cliff?]

What experiences do you have working with children? [What do you feel you did especially well as a Bay Cliff employee?]

Why do you feel that summer camp is important for children? [What does the Bay Cliff Spirit mean to you?]

How will you contribute to the success of the Bay Cliff camper experience? [Same question.]

How did you learn about Bay Cliff? [New staff only.]

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

CERTIFICATIONS

FOR AQUATICS STAFF (RED CROSS OR EQUIVALENT):

- First Aid/CPR/AED (*required*) Expires: _____
- Lifeguarding (*required*) Expires: _____
- Lifeguard Management Expires: _____
- Water Safety Instructor Expires: _____
- Other: _____

FOR ALL INSTRUCTORS:

- Education/teaching license Expires: _____
- Other: _____

SKILLS, HOBBIES, TALENTS

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

What are your hobbies, interests, and talents?

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:

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, schools, 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. Upon my employment acceptance, I consent to a criminal background check. 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