

# BAY CLIFF HEALTH CAMP

# SUMMER 2022

## COUNSELOR APPLICATION

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

### INTEREST

Check any unit(s) you are interested in staffing. Counselors must be at least 18, with 1 year of post high school experience preferred.

- UNIT I (girls age 6-17, minimal physical assistance required)
- UNIT II (boys age 9-17, minimal physical assistance required)
- UNIT III (boys age 6-9, additional adult support required)
- UNIT IV (girls and boys age 3-6, variety of needs)
- UNIT V (girls and boys age 6-17, significant personal care needs)

### 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.

- Supporting staff (Maintenance, Laundry, Housekeeping, Kitchen, Dish Room, Office)
- Activities Instructor (Arts and Crafts, Aquatics, Nature, Performing Arts, Recreation)
- Unit Leader
- Program Staff (Program Coord., Teen Coord., Program Assistant)

### 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: \_\_\_\_\_

## **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?

## **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**