

BAY CLIFF HEALTH CAMP

SUMMER 2022

UNDER 18 APPLICATION

Current Date: _____

INTEREST

Applicants from 16-17 years of age are eligible for summer employment at Bay Cliff as a Dining Room Aide or a Laundry and Linen/Housekeeping Aide. Check any you wish to apply for:

- Dining Room Aide
- Laundry and Linen/Housekeeping Aide

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 10)
- Post-camp (August 11—August 26: dates flexible)

Dates available for consideration: _____

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

High School: _____ Graduation date: _____

Recognitions: _____

Technical School/Trade School/Certificates/Apprenticeships: _____

Other Education not described above: _____

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: (_____) _____

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: _____

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:

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.

Applicant Name (Print) _____ Date _____

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.

Parent/Guardian Name (Print) _____ Date _____

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