

BAY CLIFF HEALTH CAMP

SUMMER 2022

ADULT CAMP 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 **Sunday, August 14th—Friday, August 19th, 2022**. Staff may arrive on the evening of Saturday, August 13th 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?

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

Dates: _____ Place of Employment: _____

Position: _____ Address: _____

Supervisor: _____ Email: _____ Phone: (_____) _____

Listing 2

Dates: _____ Place of Employment: _____

Position: _____ Address: _____

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.*

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 _____

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?

AQUATICS CERTIFICATIONS

FOR AQUATICS STAFF (AMERICAN RED CROSS OR EQUIVALENT):

- | | | | |
|--|----------------|--|----------------|
| <input type="checkbox"/> First Aid/CPR/AED (<i>required</i>) | Expires: _____ | <input type="checkbox"/> Lifeguard Management | Expires: _____ |
| <input type="checkbox"/> Lifeguarding (<i>required</i>) | Expires: _____ | <input type="checkbox"/> Water Safety Instructor | Expires: _____ |

GETTING TO KNOW YOU

Attach additional sheets if necessary.

Why do you want to work at Bay Cliff in the Adult Camp program?

What experiences do you have with individuals with physical disabilities?

Why do you feel Adult Camp is important for our campers?

What strengths will you bring to Bay Cliff and the campers in your position?

How did you learn about Bay Cliff?

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

SPECIAL DIETARY NEEDS

List any special dietary needs or food allergies: _____

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 or sexual abuse? 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, persons, schools, law enforcement agencies, 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. 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