

# BAY CLIFF HEALTH CAMP

# SUMMER 2023

## STAFF APPLICATION

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

### INTEREST

List any positions for which you are interested in applying. For available positions and job descriptions, see the seasonal employment section at baycliff.org

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### EMPLOYMENT OPPORTUNITIES

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

- Spring Pre-camp (May 1—June 10: dates flexible)
- Summer Children's Therapy Camp (June 11—August 6)
- Post-camp (August 7—August 25: 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

**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 2021 or 2022, 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/e-cigarette (vape)/marijuana free campus. Will an environment that prohibits the use of alcohol, tobacco, e-cigarettes, 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**