

# BAY CLIFF HEALTH CAMP

## ARCTIC ADVENTURES STAFF APPLICATION

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

*Application must be received and processed by the Bay Cliff office before the applicant can begin work. All application information is kept in strict confidence.*

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail: \_\_\_\_\_ Best way/time to contact you: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship to applicant: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Preferred method to receive additional information prior to program:  E-mail  Mail

### INTEREST

Indicate below that you are available to help staff the program on the given dates:

Arctic Adventures — February 16th-18th, 2024

YES NO Have you previously been employed or volunteered at Bay Cliff?

Most recent year of employment/volunteering and position at Bay Cliff (if applicable) \_\_\_\_\_

What positions are you open to? (Check any that apply)

- Counselor
- Nurse
- Activities Instructor (Arts & Crafts, Recreation, etc.): \_\_\_\_\_
- Supporting Staff (kitchen, dining room, dish room, etc.): \_\_\_\_\_

### 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 abuse, or sexual abuse of children, or any crime relating in any manner to children and/or our conduct with them? If yes, please explain:

## **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 2022 or 2023, 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: _____

## **COMPENSATION**

We value the time, energy, and talents you bring to Bay Cliff! Compensation is available for staff. Please check the applicable box.

- Paid Position  
 Volunteer Position

## **ADDITIONAL VERIFICATIONS AND PERMISSIONS**

- I hereby give permission for the use of photographs and/or video of myself recorded during Bay Cliff events for Bay Cliff print media, the Bay Cliff website, Bay Cliff social media, and visiting external media outlets for educational and promotional purposes by Bay Cliff Health Camp.

## **TRUTHFULNESS AND BACKGROUND CHECK AUTHORIZATION**

The information I have given in this application is true and complete to the best of my knowledge. I understand that any untrue, misleading, or omitted information may result in my dismissal. I have read, understand, and agree to the above statements.

Furthermore, by my signature below, I authorize Bay Cliff Health Camp to obtain information pertaining to any criminal history I may have for local, state or federal criminal law violations. The information will be gathered from any law enforcement agency in this state or any other local, state or federal government, to the extent permitted by local, state and federal law.

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**

Questions regarding Snow Days may be directed to **Tori Grovas** at (906)345-9314 ext 258 or [tgrovas@baycliff.org](mailto:tgrovas@baycliff.org)

**EMAIL APPLICATION TO:** [tgrovas@baycliff.org](mailto:tgrovas@baycliff.org) **or MAIL TO:** Bay Cliff Health Camp—PO Box 310—Big Bay, MI 49808



**ALL APPLICATION INFORMATION IS KEPT IN STRICT CONFIDENCE**