

**BAY CLIFF HEALTH CAMP**

**PROFESSIONAL STAFF APPLICATION**

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

**EMPLOYMENT OPPORTUNITIES**

Check any seasonal employment opportunities that interest you:

- Pre-camp (May 6—June 5: dates flexible)
  - Marquette Area Public Schools 5th Grade Camp
  - Marquette Area Public Schools Bothwell Middle School 7th Grade Science Camp
  - Department of Natural Resources (DNR) Becoming an Outdoors Woman (BOW)
- Summer Children’s Therapy Camp (June —August )
  - Healthcare staff: \_\_\_\_\_
  - Occupational Therapist
  - Physical Therapist
  - Speech-Language Pathologist
  - Music Therapist
  - Deaf/ Hard of Hearing Support
  - Professional Support for Visual Impaired
  - Therapy student (Discipline: \_\_\_\_\_)
- Post-camp (August —August 2 : dates flexible)
  - Camp STAR (Children’s Bereavement Services)
  - Other programs as scheduled

**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: (\_\_\_\_\_) \_\_\_\_\_

**IMPORTANT INFORMATION FOR PROFESSIONAL STAFF**

Receiving Michigan licensure may take 6 weeks or more, and a Michigan license or certification must be in place before campers arrive on **June 15, 2024**. For professionals becoming licensed in Michigan for the first, Bay Cliff offers reimbursement up to \$200.00.

Practicing in camp setting differs in several ways from a traditional work setting. Staff both live and work on camp grounds, working hours are not limited to those of a typical schedule. **In addition to regular caseload or patient responsibilities, you become integrated into the many aspects of camp life. You are expected to participate in camp activities, spend mealtimes with campers, and be available to support non-professional staff.**

## **EMPLOYMENT HISTORY**

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. 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: _____

## **COMMUNITY INVOLVEMENT AND VOLUNTEER ACTIVITIES**

What clubs/organizations and/or community activities have you participated in?

What volunteer activities have you led or taken part in?

## **PRE-EMPLOYMENT QUESTIONS**

Attach additional sheets if necessary.

What are your most notable strengths and areas of growth?

Describe your ability to work under pressure. Provide an example.

What interests you in providing pediatric services in this non-traditional setting?

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**