

BAY CLIFF HEALTH CAMP

STAFF APPLICATION

Current Date: _____

EMPLOYMENT OPPORTUNITIES

Check any seasonal employment opportunities that interest you:

Pre-camp (May 5—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 6—August 4)

List any positions for which you are interested in applying. Job descriptions are available in the “Seasonal Employment” section at www.baycliff.org

Post-camp (dates to be determined)

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: (_____) _____

EDUCATIONAL HISTORY

Applicants under 23 years old must complete the high school information.

High School: _____ Graduation date: _____

College: _____ Major(s)/Degree(s) _____

[Anticipated] Graduation Date: _____

Technical School/Trade School/Certificates/Apprenticeships: _____

Post High School Education not described above: _____

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.

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?

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.

Why are you the best person to supervise children?

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-Download PDF, Fill out, Save, then

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