

BAY CLIFF HEALTH CAMP

PROFESSIONAL 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)
 - 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 5—August 22: 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 14, 2025**. 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.

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-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