

BAY CLIFF HEALTH CAMP

SUMMER 2026

STAFF APPLICATION

Current Date: _____

EMPLOYMENT OPPORTUNITIES

Please indicate your interest in the positions below by ranking them 1 to 3 with 1 being the most interested. Job descriptions are available on the "Seasonal Employment" page on our website, baycliff.org.

- ___ Counselor
- ___ Unit V Counselor
- ___ Unit Leader
- ___ Program Coordinator
- ___ Activities
 - ___ Nature Instructor
 - ___ Recreation Instructor
 - ___ Arts and Crafts Instructor
 - ___ Performing Arts Instructor
- ___ Lifeguard
- ___ Activities Aide
- ___ Therapy Aide
- ___ Health Cottage Aide
- ___ Office
 - ___ Summer Secretary
 - ___ Social Media Coordinator
- ___ Auxiliary
 - ___ Maintenance Aide
 - ___ Laundry and Linen/Housekeeping Aide
- ___ Kitchen
 - ___ Head Cook
 - ___ Assistant Cook
 - ___ Assistant Baker
 - ___ Dining Room Aide (Hopper)
 - ___ Dish Room

IDENTIFYING INFORMATION

Name: _____ Phone: (____) _____

Email: _____ Best way/time to contact: _____ T-Shirt Size: _____

Current Address: _____ Apt/Unit: _____

City, State, Zip Code: _____ Date Leaving (if applicable): _____

Permanent Address: _____ Apt/Unit: _____

City, State, Zip Code: _____

Zip Code from which you will be travelling to Bay Cliff from (for travel stipend calculation): _____

Emergency Contact: _____

Relationship: _____ Phone: (____) _____

EDUCATIONAL HISTORY

Applicants under 23 years of age must complete the high school information.

High School: _____ Graduation Date: _____

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

[Anticipated] Graduation Date: _____

Technical/Trade School, Certificates, Apprenticeships: _____

Post Secondary Education not described above: _____

EMPLOYMENT HISTORY

Submission or application provides consent to contact past/current employers.

Have you ever been employed at Bay Cliff Health Camp? Yes or 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

Provide the names of three non-related **adults** who have knowledge of your experience and ability in 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/community extracurricular activities/clubs/organizations have you participated in?

What volunteer activities have you led or taken part in?

How did you learn about Bay Cliff? [New staff only]

- ☐ Recommendation: Name of person _____
- ☐ Website
- ☐ Facebook
- ☐ Instagram
- ☐ LinkedIn
- ☐ Indeed
- ☐ Print media
- ☐ Job/Career Fair
- ☐ Classroom Visit/Talk
- ☐ Other: _____

CERTIFICATIONS

Red Cross or equivalent

- | | |
|--|----------------|
| <input type="checkbox"/> First Aid/CPR/AED | Expires: _____ |
| <input type="checkbox"/> Lifeguarding | Expires: _____ |
| <input type="checkbox"/> Lifeguard Management | Expires: _____ |
| <input type="checkbox"/> Water Safety Instructor | Expires: _____ |
| <input type="checkbox"/> Other: _____ | |

SKILLS, HOBBIES, TRAINING

What additional skills or training do you have that may have bearing on your employment/contribution?

What are your hobbies, interests, and talents?

PRE-EMPLOYMENT QUESTIONS

Please answer each question thoroughly.

Attach additional sheets if necessary

What are your most notable strengths?

What are your most notable areas of growth?

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

(For NEW staff applicants) **Why are you the best person to supervise children?**

(For RETURNING staff applicants) **What was the most impactful thing you learned about yourself working at Bay Cliff?**

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, or physical or mental health concerns)

☐ YES ☐ NO Bay Cliff is an alcohol/tobacco/nicotine/marijuana/drug free campus. Will an environment that prohibits the use of alcohol, tobacco, nicotine products (vapes, pouches, etc.), marijuana, and other drugs be a problem for you?

☐ YES ☐ NO Bay Cliff is device-free campus. Will an environment that limits use of personal devices outside of private spaces (living quarters, staff lounge, etc.) 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, 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 physical, educational, educational, experience, and age requirements.

TRUTH OF STATEMENTS

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 to 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