

# BAY CLIFF HEALTH CAMP

# SUMMER 2026

## PROFESSIONAL STAFF APPLICATION

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

### EMPLOYMENT OPPORTUNITIES

Please indicate which professional staff opportunity of which you are applying, below. Job descriptions are available on the "Seasonal Employment" page on our website, baycliff.org.

- Health Cottage/Camp Nurse
  - Physician
  - Physician's Assistant (PA)
  - Nurse Practitioner (NP)
  - Registered Nurse (RN)
  - Licensed Practical Nurse (LPN)
  - Other: \_\_\_\_\_
- Therapy
  - Occupational Therapist (OT)
  - Physical Therapist (PT)
  - Speech-Language Pathologist (SLP)
  - Other Licensed Therapist: \_\_\_\_\_
- Student Therapist
  - Occupational Therapy Student (OTS)
  - Student Physical Therapist (SPT)
  - Student Speech-Language Pathologist (SSLP)

### IDENTIFYING INFORMATION

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

Preferred 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: (\_\_\_\_) \_\_\_\_\_

### 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 20, 2026. For professionals becoming licensed in Michigan for the first time, 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 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: \_\_\_\_\_

## LICENSURE

**Professional staff must be licensed in the state of Michigan, prior to the start of camp, June 20th, 2026. A copy of your license will need to be provided to Bay Cliff Health Camp prior to the start of camp.**

Michigan licensure: License Number: \_\_\_\_\_ Expires: \_\_\_\_\_

Not currently licensed in the state of Michigan, but willing to obtain prior to the start of camp.

Currently licensed in the state(s) of: \_\_\_\_\_

Currently in school with intent to graduate and be licensed by the start of camp, June 20th, 2026.

Other Professional Certifications: \_\_\_\_\_

**CERTIFICATIONS**

Red Cross or equivalent

- First Aid/CPR/AED Expires: \_\_\_\_\_
- Lifeguarding Expires: \_\_\_\_\_
- Lifeguard Management Expires: \_\_\_\_\_
- Water Safety Instructor Expires: \_\_\_\_\_
- Other: \_\_\_\_\_

**RECRUITMENT FEEDBACK**

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: \_\_\_\_\_

**COMMUNITY INVOLVEMENT AND VOLUNTEER ACTIVITIES**

What school/community extracurricular activities/clubs/organizations have you participated in?

What volunteer activities have you led or taken part in?

**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, 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](mailto: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**