

# BAY CLIFF HEALTH CAMP

# SUMMER 2026

## SEASONAL STAFF APPLICATION

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

### EMPLOYMENT OPPORTUNITIES

Below are the available employment opportunities that during our summer season, are beyond Children's Summer Therapy Camp. Please select the opportunities you are interested in applying for. Job descriptions are available on the "Seasonal Employment" page on our website, baycliff.org.

- Pre-Camp Auxiliary Aide (May 5-June 11)
- Post-Camp Auxiliary Aide (August 11-August 26)
- The Nook Pre-School (ages 3-5) Camp Counselor (August 16-August 22)
- The Bridge Young Adult (ages 18-26) Camp Counselor (August 16-August 22)
- Activities Instructor (August 16-August 22)
  - Arts and Crafts Instructor
  - Nature Instructor
  - Recreation Instructor
  - Performing Arts Instructor
- Lifeguard (August 14-August 22)
- Licensed Therapist (August 16-August 22)
  - Occupational Therapist (OT)
  - Physical Therapist (PT)
  - Speech-Language Pathologist (SLP)
  - Other Licensed Therapist: \_\_\_\_\_

### 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: (\_\_\_\_) \_\_\_\_\_

### VERIFICATION OF SUMMER CAMP APPLICATION

I have submitted an application for Bay Cliff's 2026 Summer Therapy Camp.  YES  NO

If yes, I verify that all information on my Summer Therapy Camp application is accurate and can be used in place of required information on this application.  YES  NO

If yes, please complete the ADDITIONAL VERIFICATIONS AND PERMISSIONS, TRUTH OF STATEMENTS, and SUBMIT APPLICATION.

## 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’s seasonal job opportunities?

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

**CERTIFICATIONS**

Red Cross or equivalent

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

**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**