# BAY CLIFF HEALTH CAMP

VOLUNTEER GROUP APPLICATION

Current Date: _____

Date(s) Available: _____

GROUP NAME: _____

IDENTIFYING INFORMATION OF GROUP POINT PERSON

Name: _____ Phone: (____)_____
Email: _____ Best way/time to contact: _____
Current Address: _____ Apt/Unit: _____
City, State, Zip Code: _____ Date Leaving (if applicable): _____
Emergency Contact: _____
Relationship:_____ Phone: (____)_____

GROUP EXPERIENCE, INTEREST, AND SKILLS

***Please note, volunteer groups will be utilized on an as needed basis.**

Has your group previously volunteered at Bay Cliff Health Camp? ☐ YES ☐ NO

Most recent year of volunteering at Bay Cliff (if applicable): _____

What jobs or tasks are your group interested in performing while volunteering at Bay Cliff. Options include but are not limited to: facility/grounds work, housekeeping/laundry, or kitchen work.

Does your group possess any specialized skills or training that would be beneficial to your work performed at Bay Cliff? If so, please explain.

ADDITIONAL VERIFICATIONS AND PERMISSIONS

☐ I understand the opportunity for which my group is applying, and we meet the physical requirements and experience needed to volunteer in this capacity.

☐ I understand that participants attending with my group must be finalized prior to our arrival to camp, and participation numbers (and special diets, if applicable) must be shared with Bay Cliff staff.

☐ I understand that once participants are finalized, additional guests or volunteers are not allowed, unless discussed with Bay Cliff staff.

## 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 your group is volunteering? If yes, what accommodation(s) would you need? (May include a participant's 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 and your participants?

☐YES ☐NO Bay Cliff is device-free campus. Will an environment that limits use of personal devices while campers are present on camp, be a problem for you and your participants?

☐YES ☐NO Bay Cliff is a place of kindness and has a zero-tolerance bullying policy. Will an environment that prohibits bullying be a problem for you and your participants?

☐YES ☐NO Have you or any of your group members ever had personal involvement in any incident of questionable/inappropriate interactions with children? If yes, please explain:

☐YES ☐NO Have you or any of your group members 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:

☐YES ☐NO Do you or any of your group members possess a criminal history that may jeopardize the health and welfare of children, or any individuals on camp. If yes, please explain:

## 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 any other sources of information that may be relevant to myself, and my group's volunteer application. I also understand that, if accepted to volunteer, any untrue, misleading, or omitted information may result in my group's dismissal. I have read, understand, and agree to the above statements.

Print Name: _____ Date: _____

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 VOLUNTEER APPLICATION INFORMATION IS KEPT IN STRICT CONFIDENCE**