

BAY CLIFF HEALTH CAMP

VOLUNTEER APPLICATION

Current Date: _____

Date(s) Available: _____

IDENTIFYING INFORMATION

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

EXPERIENCE, INTEREST, AND SKILLS

***Please note, volunteers will be utilized on an as needed basis. Other factors such as previous Bay Cliff experience may also be taken into consideration.**

Have you previously been employed or volunteered at Bay Cliff Health Camp? YES NO

Most recent year of employment/volunteering and position held at Bay Cliff (if applicable):

In what capacity are you interested in volunteering? (check all that apply?)

- Unit Support
- Activities Support (Lifeguard, Arts and Crafts, Nature, Performing Arts, Recreation)
- Program Support
- Therapy Support
- Guest Instructor
- Special Projects
- Health Cottage Nurse
- Facilities Support
 - Maintenance
 - Laundry and Linen
- Big House Support
 - Kitchen
 - Dining Room
 - Dish Room
- Off-Season Bay Cliff Program (please specify): _____

What relevant licenses, certificates, or specialized training do you currently possess? Please include license/certificate number, and expiration date.

ADDITIONAL VERIFICATIONS AND PERMISSIONS

I understand the opportunity for which I am applying for, and I meet the physical requirements and experience needed, to volunteer in this capacity.

AUTHORIZATION TO CHECK CRIMINAL RECORD

The following identifiers are required to conduct a criminal background check with local, state, and federal agencies.

Full Legal Name: _____

Maiden Name (if applicable): _____ Date of Birth: _____

Gender: _____ Race: _____

By my signature below, I authorize Bay Cliff Health Camp to obtain information pertaining to any criminal history I may have for local, state, or federal criminal law

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 volunteering? 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.) while campers are present on camp, be a problem for you?

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?

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:

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 my volunteer application. I also understand that, if accepted to volunteer, any untrue, misleading, or omitted information may result in my 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