BAY CLIFF HEALTH CAMP SUMMER 2027

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)
- ___ Social Work (SW)
- ___ Other Licensed Therapist: _____

___ Student Therapist
- ___ Occupational Therapy Student (OTS)
- ___ Student Physical Therapist (SPT)
- ___ Student Speech-Language Pathologist (SSLP)

___ I am interested in Pre-Camp
___ I am interested in Post-Camp

___ I am interested in The Summer Therapy Camp ___
___ I am interested in The Bridge Camp (ages 18-26)

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, 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