

BAY CLIFF HEALTH CAMP
THERAPY CENTER FOR HANDICAPPED CHILDREN

APPLICATION FOR 2004 SUMMER EMPLOYMENT

(Children's Session June 13-August 8)

Position(s) applying for: _____

Date: _____

1. _____
2. _____

****Counselor/Roving Applicants****
Please list unit and age preference:

Dates Available: _____
(April through August)

1st 2nd 3rd

Are you interested in working at Camp Independence?
(August 13-August 21) _____

Unit _____
Ages _____

I. IDENTIFYING INFORMATION

Name _____ Social Security No. _____

Present Address _____ Telephone No. (____) _____

_____ Date Leaving _____

Permanent Address _____ Telephone No. (____) _____

_____ Date of Birth _____ Age _____

If married, would you need housing for your spouse/family? _____ If yes, please explain need and identify children by name, age, and sex. _____

Person to contact in an emergency _____

Relationship to applicant _____ Telephone No. (____) _____

II. DRIVING

Do you drive? _____ Is your driver's license valid? _____ Type of License _____

Drivers License Number _____ State _____ Exp. Date _____

Has your license ever been suspended or revoked? _____ If yes, when? _____

For what reason? _____

III. RED CROSS CREDENTIALS (or equivalent): Please enclose copies.

First Aid Certificates Dates Received _____ Exp. Date _____

Lifeguard Training Dates Received _____ Exp. Date _____

Waterfront Lifeguarding Dates Received _____ Exp. Date _____

Head Lifeguard Dates Received _____ Exp. Date _____

Water Safety Instructor Dates Received _____ Exp. Date _____

Canoeing Instructor Dates Received _____ Exp. Date _____

CPR Certificate Dates Received _____ Exp. Date _____

Level of CPR Certification _____

Non-Waterfront Applicants: Are you interested in becoming lifeguard certified and helping with aquatic activities as needed? _____

(over, please)

IV. EDUCATIONAL HISTORY & REFERENCES

Name of School Major/Minor Yrs. Completed Degree & Date of Graduation

College: _____
School Address: _____
School Reference: _____ Dept: _____ Phone: _____
Other College: _____
Student Therapy Experience/ Clinical Hours: _____
G.P.A.: _____ Honors/Awards Received: _____

Please attach copies of any licenses, certificates, portfolio, etc.

Applicants under 23 years old must complete the high school information.

High School: _____ Grade: _____
School Address: _____ Counselor: _____
School Reference: _____ Dept: _____ Phone: _____
GPA: _____ Honors/Awards Received: _____

V. EMPLOYMENT HISTORY AND REFERENCES (Begin with most recent position and include any camp employment. Attach additional sheet if necessary. **Complete address, zip code, and phone numbers must be provided.**)

<u>DATES</u>	<u>POSITION</u>	<u>EMPLOYER/SUPERVISOR</u>
_____ to _____	_____	_____
Address/ Phone No. _____		
Reason for leaving: _____		
_____ to _____	_____	_____
Address/ Phone No. _____		
Reason for leaving: _____		
_____ to _____	_____	_____
Address/ Phone No. _____		
Reason for leaving: _____		
_____ to _____	_____	_____
Address/ Phone No. _____		
Reason for leaving: _____		

Have you ever received disciplinary action at work or been released from employment for disciplinary or other reasons? _____ If yes, please explain: _____

VI. SCHOOL AND COMMUNITY ACTIVITIES

School extracurricular activities: _____

Community organizations you are affiliated with: _____

Volunteer Activities: _____

VII. ACTIVITY SKILLS AND EXPERIENCE

Put "T" for those activities you can organize and Teach; put an "A" for those activities in which you can Assist in teaching; put an "E" for those activities you have Experience as a hobby:

- | | | |
|--|---|--|
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> First Aid | <input type="checkbox"/> Recreation |
| <input type="checkbox"/> Archery | <input type="checkbox"/> Ham Radio | <input type="checkbox"/> Scouting |
| <input type="checkbox"/> Boating | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Song Leading |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Leather Work | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Nature | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Outdoor Camping Skills | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Conducting Worship Services | <input type="checkbox"/> Painting | <input type="checkbox"/> Typing |
| <input type="checkbox"/> Dancing _____ | <input type="checkbox"/> Puppets | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Dramatics | | |

Musical Instruments Played _____

Hobbies or interests not mentioned above _____

Do you have any special training or experience in other fields which might have a bearing on the position for which you are applying? _____

VIII. MILITARY SERVICE

Branch of Service _____ Date of Entry _____

Type of Discharge _____ Date of Discharge _____

National Guard/Reserve Status _____

IX. PERSONAL REFERENCES

Please give the names of at least three adults we may contact who have knowledge of your character, experience, and ability. Do not list relatives or anyone else already listed as a reference. **Complete mailing address, zip code and phone numbers must be provided.**

	<u>Name</u>	<u>Address, City, State, Zip</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

(over, please)

X. EXPERIENCES AND INTERESTS

What experiences do you have with children? _____

What experiences have you had as a camper and/or camp staff member? _____

What do you believe is most important for children to learn while at camp? _____

How would you create a positive camping/learning experience for children? _____

Why do you want to work at Bay Cliff? _____

How did you learn about Bay Cliff? _____

(Name of person or place)

XI. OTHER

Do you foresee any difficulty performing the duties of the job for which you are applying? _____ If yes, what accommodations would you need? (attach additional sheet if necessary) _____

Do you have any personal circumstances, medical conditions, or mental health concerns that should be known to the camp administration? _____ If yes, please explain. _____

Do you have any problems with alcohol or substance abuse? _____ If yes, please explain. _____

Are you a smoker? _____ Do you use smokeless tobacco? _____ If yes, will an environment that prohibits the use of tobacco products be a problem for you? _____

Have you ever had personal knowledge or involvement in any incidents of questionable or inappropriate interactions with children? Or concerning the care and management of children? _____ If yes, please explain. _____

Have you had personal involvement with substantiated cases of child abuse or neglect? _____ If yes, please explain. _____

As an adult, have you ever had sexual contact with a minor? _____ Have you ever been convicted of physical or sexual abuse of children? _____ Have you ever been convicted of any other felony or misdemeanor crimes? _____ Are there any charges presently pending against you? _____ If yes to any of the above questions, please explain. (attach additional sheet if necessary) _____

PLEASE ATTACH A SMALL PHOTOGRAPH OF YOURSELF

(over, please)

XII. Truthfulness and Authorization

TRUTH OF STATEMENTS AND AUTHORIZATION FOR REFERENCES

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, persons, schools, law enforcement agencies, 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. *I have read, understand, and agree to the above statements.*

Signature _____ Date _____

PRINT Name _____

Maiden/Previous Name(s) _____ Social Security Number _____

Please return this application to:

**BAY CLIFF HEALTH CAMP
P.O. Box 310
Big Bay, MI 49808
Phone: (906) 345-9314**

AUTHORIZATION TO CHECK CRIMINAL RECORD

The person identified below is being considered for employment with Bay Cliff Health Camp, a residential summer camp for handicapped children. We are requesting any criminal history record you have for this individual be sent to: **Bay Cliff Health Camp, P.O. Box 310, Big Bay, MI 49808.**

State and federal law enforcement agencies require the following identifiers to conduct a criminal history check: (Please print clearly.)

Legal Name _____ Date of Birth _____

Maiden Name _____ Sex _____

Alias Name _____ Race _____

Social Security # _____ Driver=s License # _____

By my signature below, I authorize Bay Cliff Health Camp to obtain information pertaining to any criminal history I may have for state or federal criminal law violations. The information will be gathered from any law enforcement agency in this state or any other state or federal government, to the extent permitted by state and federal law.

(Applicant=s Signature)

(Date)

ALL INFORMATION IS KEPT IN STRICT CONFIDENCE.