



BAY CLIFF HEALTH CAMP

CHILDREN'S THERAPY AND WELLNESS CENTER

P.O. BOX 310
BIG BAY, MI 49808

Phone: (906) 345-9314
Fax: (906) 345-9890
E-mail: baycliff@baycliff.org
Website: www.baycliff.org

Greetings from Bay Cliff Health Camp!

Thank you for your interest in working at Bay Cliff this summer. An application follows this letter. Please review our website for job descriptions and general information about camp. If you have any questions, please do not hesitate to contact us.

Bay Cliff is a unique program which offers a wonderful opportunity to learn about children with special needs. Although the work is challenging and the hours are long, Bay Cliff offers a tremendously rewarding experience - "the hardest job you will ever love!"

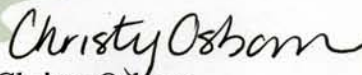
We are looking for applicants who are dependable, enthusiastic, energetic, positive, able to get along well with others, and who have a love for children. If this sounds like you, we encourage you to return your application as soon as possible.

The dates of camp will be **June 10th through August 5th, 2012**. Bay Cliff will provide a salary, room & board, and an experience that is truly life changing. The greatest reward is the opportunity to make a difference in the life of a child!

Thank you for your interest in Bay Cliff. We look forward to hearing from you soon.


Tim Bennett
Camp Director


Karen Schlicher
Assistant Director


Christy Osborn
Therapy Coordinator

P.S. You may wish to consider working at **Spring Pre-Camp** or **Camp Independence**. Camp Independence is our 1-week recreation camp for adults with physical disabilities in August. If you are interested in working any of these camps, you need only complete this application. There are questions on the attached application to indicate your interest in Spring Pre-Camp and Camp Independence.



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BAY CLIFF HEALTH CAMP
CHILDREN'S THERAPY AND WELLNESS CENTER

New Applicant

APPLICATION FOR 2012 SUMMER EMPLOYMENT
 (Children's Session June 10 - August 5)

Position(s) applying for: _____

Date: _____

1. _____
2. _____

Counselor Applicants

Please list unit and age preference:

1st 2nd 3rd

Dates Available: _____
 (May through August)

Unit _____
 Ages _____

Are you interested in working at Spring Pre-Camp? (Early May to mid June) _____
 Are you interested in working at Camp Independence? (August 17-August 25) _____

I. IDENTIFYING INFORMATION *[Please attach a small photo of yourself to this application.]*

Name _____ Date of Birth _____ Age _____

Present Address _____ Telephone No. (____) _____

City, State, Zip Code _____ Date Leaving _____

Permanent Address _____ Telephone No. (____) _____

City, State, Zip Code _____ Cell Phone (____) _____

E-mail Address _____

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. SWIMMING/EMERGENCY CREDENTIALS (Red Cross or equivalent): *Please enclose copies.*

All staff, who are lifeguard certified, will have opportunities to help with aquatic activities as need and schedules permit.

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 _____

IV. EDUCATIONAL HISTORY & REFERENCES *Attach copies of licenses, certificates, etc.*

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: _____

GPA.: _____ Honors/Awards Received: _____

Applicants under 22 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 & REFERENCES

Begin with most recent position and include any camp employment. *Attach another sheet if necessary.*
Your application *cannot* be considered without complete address, zip code, and phone numbers.

DATES POSITION EMPLOYER/SUPERVISOR

1. _____ to _____ _____

Address/ Phone No. _____

Reason for leaving: _____

2. _____ to _____ _____

Address/ Phone No. _____

Reason for leaving: _____

3. _____ to _____ _____

Address/ Phone No. _____

Reason for leaving: _____

4. _____ to _____ _____

Address/ Phone No. _____

Reason for leaving: _____

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

VI. 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 previously listed on this application. **Your application cannot be considered without complete address, zip code, and phone numbers.**

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

VII. SCHOOL AND COMMUNITY ACTIVITIES

School extracurricular activities: _____

Community organizations you are affiliated with: _____

Volunteer Activities: _____

VIII. 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"/> Archery | <input type="checkbox"/> Fishing | <input type="checkbox"/> Scouting |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Sign Language |
| <input type="checkbox"/> Astronomy | <input type="checkbox"/> Nature | <input type="checkbox"/> Song Leading |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Outdoor Camping Skills | <input type="checkbox"/> Story Telling |
| <input type="checkbox"/> Canoeing | <input type="checkbox"/> Painting | <input type="checkbox"/> Swimming |
| <input type="checkbox"/> Ceramics | <input type="checkbox"/> Radio Broadcast | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Dance _____ | <input type="checkbox"/> Recreation | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Dramatics | <input type="checkbox"/> Rock Climbing | <input type="checkbox"/> Worship Services |

Musical instruments played _____

Hobbies, interests or skills not mentioned above _____

Do you have any special training or experience in other fields which might have a bearing on your employment/contribution to camp? _____

IX. MILITARY SERVICE

Branch of Service _____ Date of Entry _____

Type of Discharge _____ Date of Discharge _____

National Guard/Reserve Status _____

X. EXPERIENCES AND INTERESTS

Attach an additional sheet if necessary.

Why do you want to work at Bay Cliff? _____

Tell us about yourself and your interests, goals, etc. _____

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 experience and learn while at camp? _____

How would you help make this happen? _____

How did you learn about Bay Cliff? _____

(Name of source)

PLEASE ATTACH A SMALL PHOTO OF YOURSELF TO THIS APPLICATION

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 history of 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 involvement in, or knowledge of, 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) _____

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) _____

Please return this application to:

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

ALL APPLICATION INFORMATION IS KEPT IN STRICT CONFIDENCE.

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 local, 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)

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SPRING TIME AT BAY CLIFF

A Pre-Camp Employment Opportunity

SPRING DATES: Early-May through Mid-June

**ABOUT SPRING
PRE-CAMP:**

Bay Cliff begins preparing for the summer in early Spring. The gate is opened, the snow is shoveled, the buildings are aired out, and the grounds are cleaned. During the months of May and early June, Bay Cliff hosts outdoor education camps for local middle school students, a program for children with autism, and other visiting groups. As Host for these programs, Bay Cliff provides meals, lodging, and "Welcome to Bay Cliff" hospitality. This is also the time when all of Bay Cliff is prepared for the summer. There is grass to mow, flowers to plant, firewood to cut, dishes to wash, quarters to clean, laundry to do, things to fix, and lots to paint! It's a big job to get camp ready for the summer. But, hard work, fresh air, and good food means you sleep well. And yes, with most evenings free and scheduled days off, you will have time to experience some of the magic of Bay Cliff in the Spring time.

POSITIONS: Cooks, Bakers, Kitchen Aides, Food Service & Dining Room Aides, Laundress, Housekeepers, Maintenance Aides, and various combinations of all.

REQUIREMENTS: Enthusiasm, energy, teamwork, love of camp, enjoyment of nature, a servant's heart, and a willingness to roll-up your sleeves.

REMUNERATION: You will receive a warm bed, good food, friendship, a unique experience at Bay Cliff, and a paycheck.

HOW TO APPLY: Indicate your interest and the dates you would be available on the staff application. Please call us if you have any questions about Spring Employment at Bay Cliff.



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CAMP INDEPENDENCE

Employment Opportunity

Bay Cliff Health Camp is seeking employees to staff its week-long recreational camp for adults with physical disabilities. Minimum requirements: enthusiasm, energy, patience, a desire to assist others in the enjoyment of life, and a willingness to work as a team with other staff members.

CAMP DATES: August 17 through August 25, 2012

ABOUT BAY CLIFF: Bay Cliff Health Camp is a not-for-profit, year-round, residential facility that provides therapy and wellness programs for children and adults. While Bay Cliff's primary mission is to serve children with physical disabilities, numerous programs are conducted throughout the year serving both children and adults with a variety of disabilities and challenges. The goal is always to learn to live a fuller life. Bay Cliff is a place where dreams come true!

ABOUT CAMP INDEPENDENCE: The Camp Independence session offers adults with physical disabilities the opportunity to participate in camping, recreational, and social activities that often are not available to them in their home environments. At the same time, they are having their personal care needs met by the camp counselors and nursing staff. The activities are many and range from ceramics to kayaking. There is a therapeutic component to camp in the presence of a physical and occupational therapist to promote wellness and to provide adaptations to enhance participation and increase functional independence.

POSITIONS: The priority need is for Cabin Counselors, who provide the daily care and assistance for the campers, and for Nurses, who monitor their health and medical needs. Also needed are Activity Instructors, who provide a variety of classes, Lifeguards, Kayak Instructors, Kitchen Staff, Dining Room Staff, and Maintenance Staff.

REMUNERATION: Salary, room and board, and a week full of wonderful memories.

HOW TO APPLY: If you have an application for the children's session, indicate your interest on that application. Or contact our office: **Phone: (906) 345-9314, Address: P.O. Box 310, Big Bay, MI 49808, or Email: baycliff@baycliff.org**



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