

# BAY CLIFF HEALTH CAMP

# SUMMER 2019

## PROFESSIONAL STAFF APPLICATION

Current Date: \_\_\_\_\_

### INTEREST

Check any department for which you are applying and indicate your license/certification/student status:

- |  |                                |  |
|--|--------------------------------|--|
| <input type="checkbox"/> Nursing                   | <input type="checkbox"/> RN    | <input type="checkbox"/> LPN                               |
| <input type="checkbox"/> Occupational Therapy      | <input type="checkbox"/> OT    | <input type="checkbox"/> COTA <input type="checkbox"/> OTS |
| <input type="checkbox"/> Physical Therapy          | <input type="checkbox"/> PT    | <input type="checkbox"/> PTA <input type="checkbox"/> SPT  |
| <input type="checkbox"/> Speech-Language Pathology | <input type="checkbox"/> SLP   | <input type="checkbox"/> CF <input type="checkbox"/> SSLP  |
| <input type="checkbox"/> Vision Instruction        | <input type="checkbox"/> VI    | <input type="checkbox"/> OM                                |
| <input type="checkbox"/> Hearing Instruction       | <input type="checkbox"/> HI    |  |
| <input type="checkbox"/> Music Therapy             | <input type="checkbox"/> MT-BC |  |

### DATES OF CAMP

Children's summer therapy camp staff work from **June 9th to August 4th, 2019**. Five days off are scheduled in that time.

- Are you interested in working Spring Pre-camp? (May – June: dates vary)  Yes  No  Would like more information
- Are you interested in working Post-camp? (August 5 – August 15)  Yes  No  Would like more information
- Are you interested in working Camp Independence? (August 16-24)  Yes  No  Would like more information

### 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 13, 2019**. For nurses and therapists becoming licensed in Michigan for the first time, Bay Cliff offers reimbursement up to \$200.00.

Student therapists (OTs, SPTs, and SSLPs) practice under a licensed therapist in their respective field.

Practicing in a camp setting differs in several ways from a traditional work setting. Staff both live and work on camp grounds, and 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 the campers, and be available to support the counseling staff.

### IDENTIFYING INFORMATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_ T-shirt size: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

### HOW DID YOU LEARN ABOUT BAY CLIFF?

- Personal recommendation—Name of person: \_\_\_\_\_
- Bay Cliff website
- Job search website (Indeed, etc.)
- Social media
- Print media
- National or state association: \_\_\_\_\_
- Other: \_\_\_\_\_

## **ACCOMODATIONS, 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? (This may include: personal circumstances, medical conditions, physical or mental health concerns) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

YES  NO Bay Cliff is an alcohol/tobacco/marijuana free campus. Will an environment that prohibits the use of alcohol, tobacco, and marijuana 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 or sexual abuse of children, or any crime relating in any manner to children and/or your conduct with them? If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **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.

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 at camp.*

## **SUBMIT APPLICATION**

Submit this application along with your resume (including 3 references) and a cover letter that addresses the following:

- What brings you to Bay Cliff? What appeals to you about Bay Cliff?
- How will you use your strengths to benefit Bay Cliff campers and the Bay Cliff therapy team?
- How do you see your role in the camp setting, which differs in some ways than a more traditional work setting?

**EMAIL APPLICATION TO:** baycliff@baycliff.org **or** **MAIL APPLICATION TO:** Bay Cliff Health Camp—PO Box 310—Big Bay, MI 49808  
Questions or concerns may be directed to **Theresa Palmer (Therapy Director)** at (906)345-9314 ext 256 **or** tpalmer@baycliff.org



**ALL APPLICATION INFORMATION IS KEPT IN STRICT CONFIDENCE**