

BAY CLIFF HEALTH CAMP

SUMMER 2019

SUPPORTING STAFF APPLICATION

Current Date: _____

INTEREST

Check any position(s) applying for (Must be at least 18 years of age):

- Dish Room: Aide
- Laundry and Linen: Aide
- Housekeeping: Aide
- Kitchen: Aide
- Maintenance: Buildings and Grounds
- Maintenance: Program Support
- Office: Secretary

DATES OF CAMP

All 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

ADDITIONAL INTERESTS

Please fill out the application that best represents your preferred position. If you are interested in consideration for other seasonal positions at Bay Cliff, please check any appropriate boxes.

- Counselor
- Activities Instructor (Arts and Crafts, Aquatics, Nature, Performing Arts, Recreation) Indicate: _____
- Unit Leader
- Program Staff (Program Coordinator, Teen Coordinator, Program Assistant) Indicate: _____
- Professional Staff (Therapy, Health, and Dental)

IDENTIFYING INFORMATION

Name: _____ Phone: (____) _____

E-mail: _____ Best way/time to contact: _____ T-shirt size: _____

Current Address: _____

City, State, Zip Code: _____ Date Leaving (if applicable): _____

Permanent Address: _____

City, State, Zip Code: _____

Emergency Contact: _____ Relationship: _____ Phone: (____) _____

DRIVING

Do you have a valid Drivers License? YES NO Type of license (operator, chauffer, commercial, etc) _____

Drivers License Number _____ State _____ Exp. Date _____

Has your license ever been suspended or revoked? YES NO If yes, when? _____

For what reason? _____

EDUCATIONAL HISTORY

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

High School: _____ Graduation date: _____

School Address: _____ Phone: (____) _____

Recognitions: _____

College: _____ Major(s)/Degree(s) _____

School Address: _____ [Anticipated] Graduation Date: _____

Recognitions: _____

Other Education: _____

Technical school/training/apprenticeships: _____

EMPLOYMENT HISTORY AND REFERENCES

Submission of application provides consent to contact past/current employers.

Have you previously been employed at Bay Cliff Health Camp? YES NO If yes, what years and positions? _____

Listing 1 Dates: _____ Place of Employment: _____
Position: _____ Address: _____
Supervisor: _____ Email: _____ Phone: (_____) _____

Listing 2 Dates: _____ Place of Employment: _____
Position: _____ Address: _____
Supervisor: _____ Email: _____ Phone: (_____) _____

Listing 3 Dates: _____ Place of Employment: _____
Position: _____ Address: _____
Supervisor: _____ Email: _____ Phone: (_____) _____

Listing 4 Dates: _____ Place of Employment: _____
Position: _____ Address: _____
Supervisor: _____ Email: _____ Phone: (_____) _____

REFERENCES

Please provide the names of three non-related **ADULTS** who have knowledge of your experience and ability in a work, volunteer, or educational environment. You may list up to 1 personal reference, i.e. a neighbor or family friend. *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: _____

MILITARY SERVICE

Branch of Service _____ Date of Entry _____ Date of Discharge _____

National Guard/Reserve Status _____

SCHOOL INVOLVEMENT, COMMUNITY INVOLVEMENT, VOLUNTEER ACTIVITIES

What school extracurricular activities/clubs/organizations and/or community activities/organizations are you part of? _____

What volunteer activities have you led or taken part in? _____

GETTING TO KNOW YOU

Attach additional sheets if necessary. [Returning staff answer questions in brackets.]

Why do you want to work at Bay Cliff? [Why do you want to return to Bay Cliff?] _____

What experiences do you have working with children? [What do you feel you did especially well as a Bay Cliff employee?] _____

What experiences have you had as a camper and/or camp staff member? [What does the Bay Cliff Spirit mean to you?] _____

How will you contribute to the success of the Bay Cliff camper experience? [Same question.] _____

How did you learn about Bay Cliff? [New staff only.]

- Recommendation: Name of person _____
- Website
- Social media
- Print media
- Job/Career Fair
- Other: _____

SKILLS, TRAINING, CERTIFICATIONS, HOBBIES, TALENTS

What additional skills, training, or certifications do you have that may have a bearing on your employment/contribution? _____

What are your hobbies, interests, and talents? _____

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: _____

ADDITIONAL VERIFICATIONS AND PERMISSIONS

- I have read the corresponding job descriptions for any positions I am applying for, and I meet the necessary physical, educational, experience, and age requirements.

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

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