



## 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!

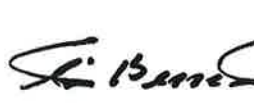
Thank you for your interest in working at Bay Cliff this summer. An application follows this letter. It is important that your application is complete. Please review our website for job descriptions and general information about **camp**. If you have any questions, please do not hesitate to contact us.

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!"

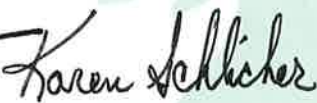
We are looking for applicants who are responsible, positive, enthusiastic, able to get along well with others, and who enjoy working with children. If this sounds like you, we encourage you to return your application as soon as possible.

The dates of camp, for most staff, will be **June 10th through August 5th, 2018**. 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  
Therapy Administrator



Martha Process  
Children's  
Services Coordinator



Sami Hass  
Program 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.



A Place Apart... Where Dreams Come True!





**BAY CLIFF HEALTH CAMP**  
**CHILDREN'S THERAPY AND WELLNESS CENTER**

**CONFIDENTIAL**

**APPLICATION FOR 2018 SUMMER EMPLOYMENT**

(Children's Session June 10 - August 5)

Position(s) applying for: \_\_\_\_\_

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

1. \_\_\_\_\_

2. \_\_\_\_\_

**\*\*Camp Counselor Applicants\*\***

Please list unit and age preference  
(refer to info in job description packet)

1<sup>st</sup>      2<sup>nd</sup>      3<sup>rd</sup>

Unit      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Ages      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_

Dates Available: \_\_\_\_\_

(May through August)

Are you interested in working at Spring Pre-Camp? (early May to early 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 \_\_\_\_\_

Present Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Date Leaving \_\_\_\_\_

Permanent Address \_\_\_\_\_ Telephone No. (\_\_\_\_) \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

Best way and time to contact you: \_\_\_\_\_

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, may have opportunities to help with aquatic activities as need and schedules permit.*

First Aid Certification      Date Received \_\_\_\_\_      Exp. Date \_\_\_\_\_

Lifeguard Certification      Date Received \_\_\_\_\_      Exp. Date \_\_\_\_\_

Lifeguard Management      Date Received \_\_\_\_\_      Exp. Date \_\_\_\_\_

Water Safety Instructor      Date Received \_\_\_\_\_      Exp. Date \_\_\_\_\_

Canoe/Kayak Instructor      Date Received \_\_\_\_\_      Exp. Date \_\_\_\_\_

CPR Certification      Date 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 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 & REFERENCES**

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

DATES                      POSITION                      PLACE OF EMPLOYMENT                      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? \_\_\_\_\_ For other 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, college roommates/peers or anyone you previously listed.

**Your application cannot be considered without COMPLETE address, zip code, & 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 an “E” for those activities you have Experience. Put an “A” for those activities in which you can Assist in teaching. Put a “T” for those activities you can organize and Teach:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Archery         | <input type="checkbox"/> Dramatics/Musicals | <input type="checkbox"/> Recreation       |
| <input type="checkbox"/> Arts & Crafts   | <input type="checkbox"/> Fishing            | <input type="checkbox"/> Scouting         |
| <input type="checkbox"/> Astronomy       | <input type="checkbox"/> Gardening          | <input type="checkbox"/> Sign Language    |
| <input type="checkbox"/> Basketball      | <input type="checkbox"/> Hiking             | <input type="checkbox"/> Song Leading     |
| <input type="checkbox"/> Canoeing        | <input type="checkbox"/> Kayaking           | <input type="checkbox"/> Story Telling    |
| <input type="checkbox"/> Cake Decorating | <input type="checkbox"/> Nature             | <input type="checkbox"/> Swimming         |
| <input type="checkbox"/> Climbing Wall   | <input type="checkbox"/> Painting           | <input type="checkbox"/> Tennis           |
| <input type="checkbox"/> Cooking         | <input type="checkbox"/> Photography        | <input type="checkbox"/> Tent Camping     |
| <input type="checkbox"/> Dance _____     | <input type="checkbox"/> Pottery            | <input type="checkbox"/> Volleyball       |
| <input type="checkbox"/> Drawing         | <input type="checkbox"/> Radio Broadcast    | <input type="checkbox"/> Worship Services |

Hobbies, interests or skills not mentioned above \_\_\_\_\_

Musical instruments played \_\_\_\_\_

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 person: \_\_\_\_\_  
 internet site: \_\_\_\_\_  
 print ad: \_\_\_\_\_

**PLEASE ATTACH A SMALL PHOTO OF YOURSELF TO THIS APPLICATION**

**X. OTHER** (Please attach additional sheets as necessary to answer the questions.)

Do you foresee any difficulty performing the duties of the job for which you are applying? \_\_\_\_\_ If yes, what accommodations would you need? \_\_\_\_\_

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. \_\_\_\_\_

Will an environment that prohibits the use of alcohol be a problem for you? \_\_\_\_\_

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 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. \_\_\_\_\_

Have you ever been convicted of physical or sexual abuse of children, or any crime relating in any manner to children and/or your conduct with them? \_\_\_\_\_ Have you ever been arrested or charged with any felony crime? \_\_\_\_\_ Have you ever been convicted of any misdemeanor or felony crime? \_\_\_\_\_ Are there any charges presently pending against you? \_\_\_\_\_ Has a protection order ever been issued against you? \_\_\_\_\_ If yes to any of the above questions, please explain. \_\_\_\_\_

**XI. 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.**

**CONFIDENTIAL**

**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.**

The following identifiers are needed to conduct criminal history checks with local, state and federal law enforcement agencies: (Please print clearly.)

Legal Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Maiden Name \_\_\_\_\_ Sex \_\_\_\_\_

Alias Name \_\_\_\_\_ Race \_\_\_\_\_

Social Security # \_\_\_\_\_ Driver's License # \_\_\_\_\_

Residence(s) during the last five years (include college and home residences):

City _____	State _____	Years _____
City _____	State _____	Years _____
City _____	State _____	Years _____
City _____	State _____	Years _____
City _____	State _____	Years _____

*(continue on a separate sheet if necessary)*

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 local, state or federal government, to the extent permitted by local, state and federal law.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

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### **SPRING TIME AT BAY CLIFF**

#### **A Pre-Camp Employment Opportunity**

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.

**SPRING DATES:**      **Early-May through Early-June**

**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.

**RENUMERATION:**     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, 2018

**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 summer therapy camp session, indicate your interest on that application. Or contact our office:  
**Phone: (906) 345-9314, Email: [baycliff@baycliff.org](mailto:baycliff@baycliff.org), or  
Address: P.O. Box 310, Big Bay, MI 49808**



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