

**BEECHWOOD HILLS CHRISTIAN CAMP
STAFF APPLICATION 2022**

Name: _____ Maiden Name: _____

Address: _____ City: _____

State: _____ Zip code: _____ Phone: _____

E-mail: _____ How long at above address: _____

Date of Birth: _____ Gender: _____ Marital Status: _____

of Children: _____ Church Affiliation: _____ Name of Congregation attending: _____

Do you have any physical or mental handicaps the camp Administrator should know of? _____
Explain: _____

Please check the week(s) you wish to work:

- | | | | |
|--|----------------------|------------------------------------|--------------------------------------|
| <input type="checkbox"/> Spring Retreat—May 20-21, 2022_ | T-shirt Size: | <input type="checkbox"/> Y Small | <input type="checkbox"/> A Small |
| <input type="checkbox"/> Senior Week – June 26-30, 2022—Ages 15-18 | | <input type="checkbox"/> Y Medium | <input type="checkbox"/> A. Medium |
| <input type="checkbox"/> Intermediate Week—July 10-14, 2022—Ages 11-14 | | <input type="checkbox"/> Y Large | <input type="checkbox"/> A. Large |
| <input type="checkbox"/> Junior Week—July 24-28, 2022—Ages 8-10 | | <input type="checkbox"/> Y X-Large | <input type="checkbox"/> A. X-Large |
| | | | <input type="checkbox"/> A. 2X-Large |

Desired Position. Please number all positions you would accept, in order of your interest, with 1 being your first choice. We will do our best to accommodate.

	Director		Assistant Cook		Crafts Teacher
	Assistant Director		Kitchen help		Archery Teacher
	Activity Director		Lifeguard		Marksmanship Teacher
	Counselor		Canteen Worker		Assistant Counselor
	Bible Teacher		BLT Leader		Cook
	Nature Teacher/Science		Health Officer		Clean-up Kitchen
	Clean-up Saturday morning		BLT Leaders		

If you are accepted as staff and have children who are too young to be campers and your will bring them with you, please list name and ages:

If accepted as staff member, what is your housing preference? **Please check one.**

- Stay in staff housing on the hill or in a camper cabin. (If Available)
- Stay in R.V. Park
- Stay at home and commute to camp
- Tent

Have you ever been convicted of, adjudicated for, or are you now under investigation for felony? _____

Have you ever been convicted of, adjudicated for, or are you now under investigation for a sex offense? _____

I hereby certify that I, as a member of the Beechwood Hills staff having direct contact with children, **have not been convicted of an offense other than minor traffic violations** or as per the information given below. I also give my consent to have a criminal records check by the Michigan State Police and/or the Department of Consumer & Industry Services, and/or a national background check.

Signature of Applicant: _____ Date: _____

BEECHWOOD HILLS CHRISTIAN CAMP

Health History Statement of:

Birthdate:

All information contained in this section will be kept confidential and only shared with essential staff members.

Emergency Contact Information

Please give the name and the number of someone other than parent or guardian who can be reached in an emergency if no one can be reached at the above numbers.

Name: _____ Relationship: _____

Home Phone Number: _____ Add'l Phone Number: _____

Medications currently using (Prescription and Over-the-Counter):

All medications, including over-the-counter, need to be left with the camp nurse in their original container.

TYPE (NAME)	FREQUENCY	DOSAGE	CURRENTLY USING?

Are your immunizations currently up to date?

Please list any allergies (food, medication, etc.)

Please list any physical or behavioral considerations:

Please list any current infectious diseases:

RELEASE: I hereby give permission to medical personnel selected by the camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency, I hereby give permission to the physician selected by BWH to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to the staff member listed above. I further authorize the release of the medical information contained on the Health History Record to appropriate medical personnel and/or the health coverage insurance company. In addition, I hereby release BWH, its employees or agents from liability associated with participation in camp activities. I understand that if I do not have medical insurance, I, as the individual, will be responsible for any medical expenses in the event of a sickness and/or injury. I understand that there are risks involved in participating in recreation activities and other programs related to participation in staff functions.

Signature of Applicant: _____ Date: _____

Submission of Reference Forms

Each staff applicant must have three (3) references on file from someone other than a family member. Two of these must be an elder, minister, teacher or church leader. All comments and answers will be kept confidential and will be utilized by the Director and Administrator only.

Please include all the information required below:

Name of Reference	Address	Phone Number	E-mail

Michigan State Laws and Regulations

The State of Michigan has several laws and regulations which pertain to individuals who desire to work in youth camps such as Beechwood Hills. These laws and regulations are to ensure the safety and wellbeing of the youth who participate in camp activities. Read all the information listed below. If you have questions concerning the state mandated rules of compliance, please contact the individual to whom this application is to be sent before you sign your name in agreement.

STATEMENT TO COMPLY WITH MICHIGAN DEPARTMENT OF HUMAN SERVICES FOR CENTRAL REGISTRY CHILD ABUSE CLEARANCE ACT.

REQUIRED FOR APPLICANTS AGE OF 21 AND OVER.

I hereby give my permission to Beechwood Hills to submit my name to the State of Michigan, so that the State may provide Beechwood Hills with Central Registry Clearance of child abuse under my name. A form for submission to the State of Michigan to comply with this state regulation has been provided for you to complete and return with your application for applicants 21 years of age and over. I understand that should my application be rejected, no report shall be submitted to Beechwood Hills, and cause for rejection shall remain confidential.

Signature of Applicant: _____ Date: _____

BEECHWOOD HILLS CHRISTIAN CAMP

Request for Central Registry Clearance
Children's & Adult Foster Care Camp Staff/Volunteer

Instructions: ALL fields must be completed for processing.

A clear copy of the employee's/volunteer's picture identification **MUST** be attached.

Complete the following information and submit request to:

Michigan Department of Human Services
Bureau of Children and Adult Licensing
P.O. Box 30650
Lansing, MI 48909
Toll Free: 800-685-0006 Fax: 517-284-9709

PRINT FULL NAME:
Date of Birth:
Social Security Number:
Maiden Name/AKA (Also Known As)/Other Names Used
Signature:

Licensing Rules for Children's and Adult Foster Care Camps R400.11109 (7) (f) states in part; A camp shall maintain a personnel record.....The record shall include "Documentation from the Michigan Department of Human Services, the equivalent state or Canadian provincial agency, or equivalent agency in the country where the person usually resides, that any staff person age 21 or over has not been determined to be a perpetrator of child abuse or child neglect."

Indicate below how you want to receive the results of the central registry clearance. The results will be mailed **ONLY** to the address on your attached picture identification or the camp's mailing address:

Results mailed to the address on my attached picture identification.

Results mailed to the Camp at:

Address:

Camp Name/Address:

Beechwood Hills Christian Youth Camp

3144 22nd St

Hopkins, MI 49328

Phone: _____

Phone: (269) 793-7565

The camp will **ONLY** receive response of **NO** central registry if the name being cleared has approved this request with their signature. The camp will not receive notification if the name submitted has any central registry history hits per CPL 722.627. This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land. See www.michigan.gov/canregistryclearance for information on central registry clearance requests and how to contact the local DHS office.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722-627-722-627). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

BEECHWOOD HILLS CHRISTIAN CAMP

Staff Information

NOTE! Deadline date for staff applicants is April 20th.

**Please mail application to:
Beechwood Hills Christian Camp
3144 22nd Street
Hopkins, MI 49328**

Orientation

All staff members are required to attend a mandatory staff training and orientation. Dinner will be served. A letter will go out once the application and Central Registry form have been received and accepted informing you what position you have been given. Staff positions are not necessarily given based on when application is received. The Orientation will be the Saturday evening before the week you will be working. All Directors, Counselors, and Co-Counselors asked to stay for their Orientation due to it being longer. Church Service will be available Sunday morning at camp.

Orientation Dates:

June 25, 2022: 5:00 pm—Senior Week
July 9, 2022: 5:00 pm—Intermediate Week
July 23, 2022: 5:00 pm—Junior Week

Policy Changes to Remember for 2022:

Visitor Policy:

Part of the magic of camp is making great friends while being away from home. We ask that there be no social visits to campers or staff during sessions as it can be very difficult on other campers. If any individual plans on volunteering a day or even a few hours, please fill out a staff application and submit this application to the Administrator before the deadline of April 20th^t. A Central Registry Clearance form is also required to be submitted to the State of Michigan to volunteer.

If a visit to the camp is necessary, please contact the Administrator prior to visiting at (269) 793-7565. Upon arriving please sign in at the office and present valid photo identification. A visitor badge will be issued at check in and required to be worn during the visit.

Photo/Video Release

I also give my permission for my child to be photographed or videotaped and allow Beechwood Hills to release said pictures for publicity purposes.

Staff Member Signature: _____ Date: _____