

Bay View Recreation Staff Survey

Name: _____ Date: _____ Shirt Size: S M L XL XXL

Not including my L.I.T. year, this will be my _____ year working at Bay View.

I can be contacted in the winter at: Address: _____
City/State _____ Zip Code _____
Date of Birth _____ Age _____ Phone _____
Cell Phone# _____
SS # _____ Email _____

I will be able to work # _____ weeks. Please circle week(s) **NOT** working: 1 2 3 4 5 6 7 8

Please check the morning position you would like.

<u>Tot Lot</u> Leader _____ Head Asst _____ Assistant _____	<u>Fawns</u> Leader _____ Head Asst _____ Assistant _____	<u>Craft House</u> Assistant _____	<u>Tennis</u> Assistant _____	<u>Boathouse</u> Full Time _____
---	---	--	---	--

<u>Club:</u>				
<u>Squirrels (14-13)</u> Leader _____ Head Asst _____ Assistant _____	<u>Skunks (12-11)</u> Leader _____ Head Asst _____ Assistant _____	<u>Chippies (10-9)</u> Leader _____ Head Asst _____ Assistant _____	<u>Bunnies (8-7)</u> Leader _____ Head Asst _____ Assistant _____	

<u>Bears (14-13)</u> Leader _____ Head Asst _____ Assistant _____	<u>Wolves (12-11)</u> Leader _____ Head Asst _____ Assistant _____	<u>Cubs (10-9)</u> Leader _____ Head Asst _____ Assistant _____	<u>Antelopes (8-7)</u> Leader _____ Head Asst _____ Assistant _____	
---	--	---	---	--

Please check the afternoon position you would like:

<u>Swimming Instructor</u> WSI _____ Assistant _____ Lifeguard only _____	<u>Boathouse</u> Assistant _____ Sailing Instructor _____	<u>Tennis</u> Assistant _____	<u>Recreation Raider</u> Maintenance _____
---	--	---	--

This will be my _____ year as an instructor.

Pre Week \$50 day _____
Post Week \$50 day _____

Instruction in p.m. \$100 per year of service _____ Sailing, swimming, tennis (swimming requires some lifeguarding)

List camp/club work experience and special skills or current certifications:

Please fill out completely and return to: Renee Allen
7047 Channel Road
Petoskey, MI 49770
Phone: 231-348-3940
Email: Renee@parishonline.tv

BAY VIEW RECREATION SALARY SCHEDULE

This salary schedule has been constructed to better insure equity in staff salaries throughout the Bay View Recreation Department. This schedule will better enable the director to determine yearly staffing budgets.

The following chart shows the salary by years of experience (not including the L.I.T. year). Also listed are the “extra” duties by which a staff member’s salary may be increased.

	<u>Year #1</u>	<u>Year#2</u>	<u>Year#3</u>	<u>Year #4</u>
<u>Leaders</u>	\$1,750	\$1,800	\$1,850	\$1,900
<u>Head Assistant</u>	\$1,200	\$1,250	\$1,300	\$1,350
<u>Assistants</u>	\$ 600	\$ 750	\$ 900	\$1,000
<u>Teaching P.M.</u>	\$ 100	\$ 200	\$ 300	\$ 400 (maximum)

Certification (circle those which apply to you)

- | | | |
|----|-----------------------------------|-------|
| 1) | WSI | \$400 |
| 2) | U.S. Sailing Instructor | \$350 |
| 3) | CPR/First Aid | \$125 |
| 4) | Lifeguard Certification (boating) | \$125 |
| 5) | Boating Class Certified* | \$125 |
| | *(boat house staff only) | |

Extras

- | | | |
|----|---------------------------|------------|
| 1) | P.M. Guards (4) 4-5 p.m. | \$300 |
| 2) | Noon Guards (4) 12-1 p.m. | \$200 |
| 3) | Craft Shop Machinist | \$150 |
| 4) | Rec Club Cleanup | \$150 |
| 5) | Rec Club PM Super | \$150 |
| 6) | Weekend Waterfront | \$ 11/hour |

Please indicate any Extra Duties which you desire to work:

Bay View Recreation
Alcohol, Drug and Smoking Agreement

Approved February 10, 2007

Our mission at Bay View is to provide children with a character building social and camp experience. Our Staff must set the best possible example for our campers to follow. We are role models and must act accordingly. You are required as a condition of employment to observe the established guidelines to ensure a safe and secure working environment at Bay View.

Alcoholic Beverage Policy

Alcoholic beverages are not permitted on Bay View property (other than private leaseholds) at any time. During the Rec Program day, Recreation Staff persons are not allowed onto Bay View Recreation property if they are under the influence of alcohol. We are responsible for the safety of children and cannot allow persons under the influence of alcohol to supervise campers. You are required as a condition of employment to observe this policy. Any employee, who by virtue of being under the influence of alcohol materially damages or who, in the sole opinion of the Director of Recreation, hinders the operation or reputation of the Bay View Recreation Department shall be subject to disciplinary action, up to and including discharge.

Drug Policy

Drugs, either illegal or legal but unlawfully possessed, are not permitted on Bay View Recreation property at any time. Staff members are forbidden to be on Bay View Recreation property under the influence of any illegal or legal but unlawfully possessed drug at any time. You are required as a condition of employment to observe this policy. Any employee found to be under the influence of a controlled substance or who is arrested by law enforcement and is charged as being unlawfully under the influence of a controlled substance shall be subject to disciplinary action, up to and including discharge.

Smoking Policy

Bay View Recreation is a smoke free environment. Smoking is not allowed anywhere on Bay View Recreation Property. We are here to be good role models to the children and cigarettes, cigars, pipes and chewing tobacco send the wrong message. While working for the Bay View Recreation Department, you agree to not use any tobacco products in prohibited areas of Bay View or in violation of applicable law. Any employee violating this policy, or who is found to be unlawfully in possession of a tobacco product or who is arrested by law enforcement and charged as being unlawfully in possession of a tobacco product or uses tobacco products in prohibited areas of Bay View shall be subject to disciplinary action, up to and including discharge.

I, _____, agree to the conditions set forth in this Agreement and I understand that failure to follow these policies shall make me subject to disciplinary action, up to and including discharge.

Signature: _____

Date: _____

Acknowledged:

Signature of Parent (if Employee is under 18)

Date: _____

Any policy in conflict herewith is hereby repealed.

LIT FORM

BAY VIEW ASSOCIATION
P.O. BOX 583
PETOSKEY, MI 49770

DATE OF APPLICATION

RECREATION DEPARTMENT APPLICATION

E-MAIL ADDRESS

NAME _____ AGE _____ COMPLETED 9th GRADE? _____
Last First

ADDRESS _____ HOME PHONE _____

CITY/STATE/ZIP _____

COTTAGE PHONE _____ COTTAGE ADDRESS _____

EDUCATIONAL BACKGROUND

HIGH SCHOOL ATTENDED _____ CITY/STATE _____

COLLEGE ATTENDED _____ CITY/STATE _____

EXTRACURRICULAR ACTIVITIES _____

RECREATIONAL EXPERIENCES _____

HAVE YOU PARTICIPATED IN THE BAYVIEW BOYS & GIRLS CLUB? _____

LIST ORGANIZATIONAL SKILLS YOU HAVE USED _____

LIST YOUR HOBBIES _____

WHAT POSITION ARE YOU APPLYING FOR? _____

WHAT WILL BE YOUR AIM AS A RECREATION LEADER? _____

STAFF SHIRT SIZE _____

REFERENCES

NAME ADDRESS

PHONE POSITION

MAIL APPLICATION TO: **RENEE ALLEN**
7047 CHANNEL RD., PETOSKEY MI 49770

REQUEST FOR CENTRAL REGISTRY CLEARANCE

State of Michigan
Michigan Department of Human Services

INSTRUCTIONS: Complete the following information and submit request to your **LOCAL** Department of Human Services (DHS) Office. See www.michigan.gov/canregistryclearance for information on central registry clearance requests and how to contact the local DHS office.

I am requesting that DHS provide me with a Central Registry Clearance on myself.

Today's Date		
Name		
Birthdate	Social Security Number	
Current Mailing Address (Street No. and Name)		
City	State	Zip Code
Current Phone Number		
Other Names By Which Known		

Indicate below how you want to receive the results of the central registry clearance:

I would like the results mailed to the address on my picture identification.

IF YOU WANT THE RESULTS MAILED TO YOU, PLEASE SUBMIT ALONG WITH THIS FORM, A COPY OF YOUR CURRENT PICTURE IDENTIFICATION. DUE TO CONFIDENTIALITY RESTRICTIONS, A COPY OF THE RESULTS WILL BE MAILED ONLY TO THE ADDRESS ON YOUR PICTURE IDENTIFICATION.

I would like to pick up the results from the local DHS office.

IF YOU ARE TEMPORARILY IN MICHIGAN AND THE ADDRESS ON YOUR PICTURE IDENTIFICATION AND YOUR TEMPORARY ADDRESS DO NOT MATCH, YOU MUST CHOOSE THIS OPTION.

I would like the results mailed to:

Employer/Potential Employer

Volunteer Agency

IF YOU ARE LISTED ON CENTRAL REGISTRY, THE RESULTS CANNOT BE MAILED TO AN EMPLOYER/POTENTIAL EMPLOYER OR VOLUNTEER AGENCY. RESULTS WILL BE MAILED TO YOU INSTEAD. A COPY OF YOUR CURRENT PICTURE IDENTIFICATION MUST BE PROVIDED.

Signature of Requestor	Signature of DHS Staff Person Completing Request
------------------------	--

AUTHORITY: State P.A. 238 of 1975, MCL 722.627-722.627j RESPONSE: Voluntary PENALTY: Inappropriate release of this information is a misdemeanor.	Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.
--	--



STATEMENT OF UNDERSTANDING FOR VOLUNTEER DRIVERS



Transportation for field trips and extracurricular activities is sometimes provided by volunteers in private cars. Any damages arising from personal injuries sustained by adults or children which result from the volunteer's ownership, operation or maintenance of the vehicle (used), will need to be recovered through the driver's personal insurance or the insurance of the passenger.

The Bay View Association provides liability coverage for its employees, but no insurance or liability coverage for the ownership, maintenance, operational expense, or any injury or damages to person, campers or other property that may occur in any manner from the use of non-Bay View Association vehicles.

A student under the age of 18 cannot be a volunteer driver. If the volunteer driver is an 18-year-old student, his/her parent(s)/guardian(s) must also sign this form to indicate that he/she has permission to drive campers on field trips.

.....

STATEMENT OF UNDERSTANDING

I have read the information above and understand that my personal insurance is responsible for any coverage while driving on a field trip or to an extracurricular activity involving the campers and/or staff of the Bay View Recreation Department. The motor vehicle I am driving on this field trip is presently insured.

My insurance company is _____

My policy number is _____

Signature

Date

Address

Signature of 18-year-old student driver

Date

Signature of parent(s)/guardian(s) of 18-year-old student driver Date