

CAMPGROUND / RETREAT

Supplemental Application

Legal Name of Religious School:

Address:

GENERAL INFORMATION

| | | | | |
|--|----------------------------|-----------|------|--------|
| Indicate type of camp (check all that apply): | Day | Overnight | Both | Family |
| Total number of camper days: | Number of overnight stays: | | | |
| Are you accredited by: ACA | Other Accreditation: | | | |
| Are all campers required to submit signed permission slips and waivers before attending? | Yes | No | | |
| Do you have an emergency preparedness and response plan including emergency training for all staff members? | Yes | No | | |
| Do you rent or lease any part of your facility to third parties? | Yes | No | | |
| If yes, what are rental receipts? | | | | |
| Do you require third parties to provide a certificate of insurance and additional insured status on your policy? | Yes | No | | |
| Is the camp closed for any period of time? | Yes | No | | |
| If yes, when? | | | | |
| Do you own or operate any other business or operations? | Yes | No | | |
| If yes, please describe | | | | |

STAFF INFORMATION

| | # of Counselors | # of Nurses | # of Lifeguards | All Other |
|--|----------------------|-------------|-----------------|-----------|
| Employees: | | | | |
| Volunteers: | | | | |
| Are all staff members certified in CPR? | | | | Yes No |
| Are independent contractors used? | | | | Yes No |
| If yes, please describe | | | | |
| What is the ratio of counselors to campers? | counselors for every | | campers | |
| Name of Camp Director: | | | | |
| Are all staff members required to participate in an orientation and training program? | | | | Yes No |
| Have all camp employees and volunteers completed training on recognizing signs of abuse and how to report an incident? | | | | Yes No |
| Does the entity's screening process include personal reference checks, acknowledgement by the applicant there has never been any past allegations of abuse or sex-related offenses, and seven years of residency and employment history? | | | | Yes No |
| Are all employees and regular volunteers subject to a comprehensive background check prior to hire or inception of a volunteer assignment? | | | | Yes No |
| Is there a two-adult rule prohibiting staff from being alone with a child? | | | | Yes No |
| Has any camp/facility employee or volunteer (past or present) ever been accused or convicted of sexual abuse, misconduct, or molestation? | | | | Yes No |
| Yes No If yes, explain: | | | | |
| Are you currently aware of any facts or circumstance that could lead to a claim of sexual abuse or misconduct against your camp or any employee or volunteer? | | | | Yes No |
| Yes No If yes, explain: | | | | |

ACTIVITIES

| | | | | | |
|--|------------------------|--------------------------------------|---|-------|-----------|
| Do you transport campers to and from your facilities? | Yes | No | If yes, within how many miles of your facility? | | |
| Indicate all activities that are offered: | | | | | |
| Archery | Biking/mountain biking | Boating, canoeing, kayaking, rafting | | | |
| Climbing walls | Cycling | Hiking | | | |
| Rappelling/rock climbing | Ropes courses | Shooting/rifle ranges | Other | | |
| Horseback riding Are campers permitted to ride unsupervised? | | | | Yes | No |
| Is safety gear provided by you? (This means campers are not required to bring their own gear.) | | | | Yes | No |
| Swimming: (check all that apply) | Pool owned by you | Public pool | Lake | Ocean | |
| Diving Boards / diving towers? | | | | Yes | No |
| Sliding boards / Water slides / floats? | | | | Yes | No |
| Are certified lifeguards on duty at all times? | | | | Yes | No |
| Are swimming areas clearly marked including depth markers? | | | | Yes | No |
| Are swimming pools gated and locked when the pools are not open for use? | | | | Yes | No N/A |