## **CAMPGROUND / RETREAT** Supplemental Application

## Legal Name of Religious School:

Address:

			GENERAL	L INFORMATION					
Indicate type of camp Total number of camp		oply):	Day	Overnight nber of overnight s	tavs:	Both		Family	
Are you accredited by		ACA	Other Accredi		idyo.				
Are all campers requi								Yes	No
Do you have an emer				emergency training	g for all staff	members?		Yes	No
Do you rent or lease a If	any part of your fa yes, what are ren	•	ties?					Yes	No
D	o vou require thir	d parties to provi	de a certificate c	of insurance and ac	dditional insu	red status on v	our policy?	Yes	No
s the camp closed fo						,		Yes	No
Do you own or operat	te any other busin		s?					Yes	No
IT	yes, please desc	nde							
	# - 5 0			NFORMATION	# . 61 :6.			041	
Employeee	# of Cou	inselors	# of N	urses	# of Life	guards	All	Other	
Employees:									
Volunteers:									
Are all staff members Are independent cont		)						Yes Yes	No No
If yes, pleas	se describe								
What is the ratio of co	ounselors to camp	pers?		counselors for e	verv		campers	5	
					,,,,,,				
	tor:				, vory				
Name of Camp Direct			tation and trainir		, vory		·	Yes	No
Name of Camp Direct Are all staff members Have all camp employ	required to partic yees and voluntee	cipate in an orient ers completed tra	aining on recogn	ng program? izing signs of abus	e and how to		lent?	Yes	No
Name of Camp Direct Are all staff members Have all camp employ Does the entity's scre	required to partic yees and voluntee ening process inc	cipate in an orient ers completed tra clude personal re	aining on recogn ference checks,	ng program? izing signs of abus acknowledgement	e and how to		lent?	Yes	No
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