



Boys & Girls Clubs New Business Questionnaire

Club Name _____ **FEIN #** _____

Executive Staff

Name of CEO/CPO: _____

Years as CEO/CPO: _____ Total years with this Club: _____

Prior Club: _____ Total years with prior Club: _____

General Information

Total number of employees: _____ Full time: _____ Part time: _____

Total number of volunteers: _____ Total number of kids enrolled: _____

Annual revenue: _____ Average daily attendance: _____

Professional Social Services Staff

How many people work at the Club in the following capacities?

Licensed/Certified Social Workers: _____ Licensed/Certified Counselors: _____

Registered Dietitians/Nutritionists: _____ Employed/Contracted/Volunteer Nurses: _____

EMTs: _____ Staff who handle money: _____

Operations

List individual Clubs and give a brief description of activities (e.g. camp, pool, youth sports, etc.) or attach schedule.

Club Name	Location Address	Hours of Operation	Age Range of Participants	Average Daily Attendance

Check any activities available at any of your Club locations:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Low Ropes Course | <input type="checkbox"/> Swimming | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Skate Park | <input type="checkbox"/> Riflery | <input type="checkbox"/> Sailing/Boating | <input type="checkbox"/> Gun Range |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Climbing Wall/Tower | <input type="checkbox"/> Trampolines | <input type="checkbox"/> Gymnastics |
| <input type="checkbox"/> Ziplines | <input type="checkbox"/> Other: _____ | | |

Please describe any abuse/molestation incidents and/or claims over the past five years:

Camps

Total number of off-site day camps: _____

Address (or attach schedule)	Average Daily Attendance	# of Days Camp is Open

Camps Continued

Total number of overnight camps: _____

Address (or attach schedule)	Average Daily Attendance	# of Days Camp is Open

Check any activities available at any of your Club locations:

- | | | | |
|--|--|--------------------------------------|---|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Low Ropes Course | <input type="checkbox"/> Swimming | <input type="checkbox"/> Horseback Riding |
| <input type="checkbox"/> Skate Park | <input type="checkbox"/> Riflery | <input type="checkbox"/> Sailing | <input type="checkbox"/> Gun Range |
| <input type="checkbox"/> High Ropes Course | <input type="checkbox"/> Climbing Wall/Tower | <input type="checkbox"/> Trampolines | <input type="checkbox"/> Golf Carts |
| <input type="checkbox"/> White Water Rafting | <input type="checkbox"/> Kayaking | <input type="checkbox"/> Canoeing | <input type="checkbox"/> Adventure Programs |

Number of boats in use:

Sailboats less than 21 feet: _____ Sailboats 21+ feet: _____

Motorboats less than 26 hp: _____ Motorboats 26+ hp: _____

Number of saddle animals Club owns: _____ Number of saddle animals Club leases: _____

Are there dams located on the insured property? Yes No

If yes, please specify the number and which location(s): _____

Please submit a copy of the most recent dam inspection report.

Field Trips

Number of field trips taken each year: _____

Field Trip Location	Number of Participants	Overnight Stay? (Yes or No)

After School Childcare

Total number of off-site locations for School-Aged Childcare: _____

Location Address (or attach schedule)	Average Daily Attendance

Swimming Pools and Waterfronts

Total number of pools/outside bodies of water used for swimming at your Clubs: _____

Club Name	Number of Indoor Pools	Number of Outdoor Pools	Number of Bodies of Water	Number of Days Used Each Week

Please note that all outdoor pools must be listed separately on the Statement of Values.

Total number of pools/outside bodies of water **used by** your Clubs: _____

Club Name	Number of Indoor Pools	Number of Outdoor Pools	Number of Bodies of Water	Number of Days Used Each Week

Are all swimming pools compliant with Virginia Graeme Baker Pool and Spa Safety Act? Yes No

If no, please provide time table and action plan: _____

Please check any and all of the features available at the above listed pools/bodies of water:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Waterslide (above 15 ft.) | <input type="checkbox"/> Lazy River | <input type="checkbox"/> Current Channel |
| <input type="checkbox"/> Vortex Pool | <input type="checkbox"/> Spray Ground | <input type="checkbox"/> Diving Board |
| <input type="checkbox"/> Splash Pad | <input type="checkbox"/> Flow-Rider | <input type="checkbox"/> Public Access |

Management Controls

Are Criminal Background Checks performed on all staff working directly with children prior to being hired? Yes No

Have all staff completed sexual abuse prevention training? Yes No

If yes, upon hiring? Yes No

And/or during employment? Yes No

How often? _____

Is there a policy prohibiting off-site babysitting of participants, except with written permission of the Executive Director? Yes No

Are children separated by age during program activities? Yes No

Please describe check-in/check-out procedures below:

Computer Lab

Does your Club have a formalized policy for computer usage? Yes No

Are Club participants required to sign a code of conduct for computer use? Yes No

Are all computers and other electronic equipment monitored regularly for inappropriate use? Yes No

Are appropriate parental/website controls established for all computer and electronic equipment? Yes No

Americans with Disabilities Act Controls

Has your Club (including all locations/operations) had a formal ADA audit by a qualified consultant? Yes No

If yes, were formal recommendations submitted? Yes No

Has your Club (including all locations/operations) received any written ADA complaints from members, patrons, guests and/or employees in the past five years? Yes No

Is a record kept of such complaints and their resolutions? Yes No

How often does your Club (including all locations/operations) review current ADA related policies and procedures, facility access, job descriptions, job accommodation processes and training for managers and staff? _____

Social Programs

Do you provide social service programming? Yes No

If yes, list and briefly describe each:

Address (or attach schedule)	Program Name	Brief Description

Does the Club provide foster care placement? Yes No

Does the Club provide adoption placement? Yes No

Does the Club provide juvenile detention centers (incarcerated youth)? Yes No

Please check any and all of the programs available at any of your locations:

- Residential/Group Home
- Pregnant Teen Center
- Emergency or Homeless Shelters
- Transitional Living Shelters
- One-On-One Mentoring Program
- Gang Prevention Program
- Affordable Housing Program
- Other: _____

Social Programs Continued

Are volunteers/mentors allowed to take Club participants off-site? Yes No

If yes, please describe protocols that are currently in place: _____

Commercial Cooking

List locations where commercial cooking is performed, or attach schedule:

Address	Is there a suppression system?		Is there an automatic fuel shut off?		Is cleaning of hood and duct contracted out?	
	Yes	No	Yes	No	Yes	No

Automobile

Are volunteers allowed to drive Club vehicles? Yes No

Number of volunteers at all locations who regularly use their own autos to transport social service clients in connection with your programs: _____

How frequently are MVRs checked on all drivers? _____

Are children transported to and from off-site locations? Yes No

If yes, how many vehicles are used? _____

Who drives the vehicles (e.g. Club staff, contractors, etc.)? _____

Are Certificates of Insurance obtained for volunteers who drive their automobiles for Club business? Yes No

If yes, what automobile limits are they required to carry? _____

Does your Club ever outsource transportation to local companies? Yes No

If yes, what is the annual cost of hire? _____

Please attach a copy of the Certificate of Insurance obtained from the transportation company.

Complete and Sign

The information contained in this document is true and accurate, and completed to the best of my knowledge and ability.

Print Name: _____

Signature: _____

Title: _____

Date: _____