



Camp Renewal Questionnaire

Camp Name _____ **FEIN #** _____

Updates

New programming or structures added during the last year? Yes No
New building additions/renovations planned during upcoming year? Yes No
New social service programs added during the last year or planned for upcoming year? Yes No
If yes to any, please describe: _____

Operations

Is your camp accredited by American Camp Association? Yes No
If yes, what was the date of the last ACA visit? _____
Annual revenue \$ _____
Number of employees: _____ Full time: _____ Part time: _____
Total number of volunteers: _____

Professional Social Services Staff

How many people work at the camp in the following capacities?
Licensed/Certified Social Workers: _____ Licensed/Certified Counselors: _____

Other Professional Staff

How many people work at the camp in the following capacities?
_____ EMTs _____ Employed Nurses
_____ Physical Therapists _____ Volunteer Nurses
_____ Personal Trainers _____ Contracted Nurses
_____ Physicians _____ Registered Dietitians/Nutritionists
_____ Volunteer Physicians _____ Staff who handle money

Programs

Total number of resident camps: _____ Dates of operation: _____

Address of each resident camp location (or attach schedule)	Average Daily Attendance	# of Days Camp is Open	Age Range of Campers

Total number of day camps: _____ Dates of operation: _____

Address of each day camp location (or attach schedule)	Average Daily Attendance	# of Days Camp is Open	Age Range of Campers

Do you rent your camp facilities to outside groups? Yes No

If yes, please provide annual gross receipts for all rentals: _____

Is a written lease/contract required for all user groups? Yes No

Approximate number of user-group participants: _____

Please answer the following regarding equestrian exposure:

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

Those who handle the horses: # _____ Camp staff # _____ Contractors

Are there any dams located on the camp property? Yes No

If yes, please specify the number: # _____ Dams

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

Swimming Pools & Waterfronts

Please check all of the features available at any of your pools or bodies of water:

- | | | | |
|---|---------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Waterslide (over 15 ft.) | <input type="checkbox"/> Lazy River | <input type="checkbox"/> Current Channel | <input type="checkbox"/> Flow-Rider |
| <input type="checkbox"/> Vortex Pool | <input type="checkbox"/> Spray Ground | <input type="checkbox"/> Diving Board | <input type="checkbox"/> Splash Pad |
| <input type="checkbox"/> Water Trampoline | <input type="checkbox"/> Scuba Diving | <input type="checkbox"/> Rope Swing | <input type="checkbox"/> Blob |

Are any of the pools you own or operate open to the public (e.g. any person can pay a fee to access the facility)? Yes No

If yes, please list the location(s) and gross annual sales: _____

Number of boats in use:

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

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

Automobile

Are volunteers and/or staff allowed to drive camp 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: _____

Are Certificates of Insurance obtained for all volunteers/staff who drive their automobiles for camp business? Yes No

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

Does your camp 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: _____