



Jewish Organization Renewal Questionnaire

Camp Name _____ FEIN # _____

Updates

New branches or camps added during the last year? Yes No

New branches, camps or additions/renovations planned during the 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: _____

General Information

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

Total number of volunteers: _____ Total number of members: _____

Annual revenue: _____

Do you have any air-supported structures (e.g. pool bubbles, tennis or gold domes)? Yes No

If yes, please specify the number and which branches: _____

Professional Social Services Staff

How many people work in the following capacities?

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

Other Professional Staff

How many people work in the following capacities?

- | | |
|---------------------------|---|
| _____ EMTs | _____ Registered Dietitians/Nutritionists |
| _____ Physical Therapists | _____ Employed Masseuses |
| _____ Personal Trainers | _____ Contracted Masseuses |
| _____ Volunteer Nurses | _____ Staff working with daycare/preschool programs |
| _____ Contracted Nurses | _____ Staff working with before/after school programs |
| _____ Employed Nurses | _____ Staff who handle money |

Off-Site Childcare

Do you have any new off-site locations where daycare/preschool and after-school programs are offered?

Yes No

If yes, please attach a list of new locations and average daily attendance for each.

Off-Site Day and Resident Camping

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

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

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

Address of each 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, answer the following:

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: _____

Number of boats in use:

Sailboats under 21 feet: _____

Sailboats 21+ feet: _____

Motorboats under 26 hp: _____

Motorboats 26+ hp: _____

Number of saddle animals owned: _____

Number of saddle animals leased: _____

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.

Swimming Pools & Waterfronts

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

Waterslide (over 15 ft.)

Lazy River

Current Channel

Flow-Rider

Vortex Pool

Spray Ground

Diving Board

Splash Pad

Water Trampoline

Scuba Diving

Rope Swing

Blob

Are any of the pools you own or operate open to the public (no membership or guest status required; any person can pay a fee to access the facility)?

Yes

No

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

Automobile

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

Does your organization 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: _____