

Church name _____ Camp name _____

Please provide the name and telephone number of the contact for inspection of the camp.

Name: _____ Telephone Number: _____

How many counselors do you employ? _____

What is the average number of campers per day? _____

What is the minimum age for campers? _____

What is the minimum age for counselors? _____

What criteria is used in the selection of counselors?

Please describe the prior camp experience of the camp director.

Are medical releases obtained on all campers prior to attendance? Yes: ____ No: ____

Is your camp a sleep over camp? Yes: ____ No: ____

Is the camp accredited by the American Camping Organization? Yes: ____ No: ____

How many weeks per year is your camp operational? _____

Does the camp provide transportation to or from the camp for the campers? Yes: ____ No: ____

How many of the staff members are; Nurses_____ EMT's_____ Paramedics_____ Doctors_____

In the event of a medical emergency, what hospital/clinic would the individual be taken to?

How many miles is this facility from your camp? _____

Does your camp have any of the following?

Archery	Yes:	No:	Boats	Yes:	No:
Boats with motors >40 HP	Yes:	No:	Cooking Facilities	Yes:	No:
Deep Fat Fryer(s)	Yes:	No:	Horseback Riding	Yes:	No:
Rifle Range	Yes:	No:	Rope Course	Yes:	No:
Rock Climbing	Yes:	No:	Water Skiing	Yes:	No:
Whitewater Rafting	Yes:	No:	Swimming Pool	Yes:	No:
Diving Board(s)	Yes:	No:	Water Slides	Yes:	No:

DESCRIPTION OF PROPERTY:
STATEMENT OF VALUES (Provide Photographs if available):

	Building Use	Age	Replacement Cost		Area	Bldg Cstr	Sprinkled
			Building	Contents			
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							

If the camp's properties are in a coastal state, how many miles from an ocean, bay, or gulf? _____

Fire protection class: _____ Within city limits? _____ Responding fire dept. _____

Distance from fire department in miles _____ Do you have city water mains? Yes ____ No ____

Do you have fire hydrants at the camp? Yes ____ No ____

Do you have a fire pump to a water source in your camp? Yes ____ No ____

Completed by _____ Date _____