

Provisional One Application

Outdoor Centre Application Agreement

Contact Information:

Outdoor Centre: _____

Name (Director / Main Contact): _____

Main / Winter Address: _____

Winter / Main Phone #: _____

Toll-Free Phone #: _____

Summer Address: _____

Summer / Other Phone Number: _____

OCA Communications Email: _____

Public Email: _____

Fax #: _____

Legal Name of Outdoor Centre: _____

Owner / Operator: _____

Parent Organization: _____

Outdoor Centre Type (see [Glossary](#) for definitions):

Short-term Programmes

Rentals

Operating Season:

Spring

Summer

Fall

Winter

Website: _____

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Sharing of Contact Information

I have read and understand the information shared in [this link](#).

Individual Memberships For Your Staff: _____

OCA communications are sent to one email per outdoor centre. If other members of your staff would like to receive OCA emails they must become Individual Members. Please list the name, position/title and email of each staff interested in becoming a Member.

Founded: _____

Social Media Handles:

Facebook: _____

Twitter: _____

Instagram: _____

Kindred Declaration:

Religious

Agency

Private

Day

Special Needs

Overnight

Other

Kindred groups are important for educational programs and for parents who want to make specific choices for their participant(s). Please choose the kindred groups that best describe your outdoor centre (check all that apply).

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Additional Needs Information:

Does your outdoor centre integrate children with additional needs into your general population?

Yes No

Additional Needs Accommodations

- A.D.D. with hyperactivity
- A.D.D. without hyperactivitiy
- Autism Spectrum Disorder
- Cancer
- Developmental Disabilities
- Diabetes
- Emotional/Behavioural Concerns
- Hearing Loss
- Learning Disabilities
- Mental Health
- Physical Disabilities
- Tourette Syndrome
- Vision Impairment
- Other (please list below)
- Outdoor Centre Provides 1:1
- Parent Provides 1:1

If applicable, please indicate the specific participant populations for which your programs accommodate. If your programs accommodate specific participant populations that are not listed above, please write them below.

Other: _____

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If applicable, what types of specialized supports does your outdoor centre provide to these participants?

Are there additional costs for participants requiring additional support?

Subsidies:

Does your outdoor centre offer subsidies?

Yes

No

If applicable, please list the names and websites of your main funding sources:

General Information:

Please state the Mission Statement and philosophy of your outdoor centre:

*Please email or mail your current brochure and/or promotional DVD to info@ontariocamps.ca.

What do you do in your program(s) to achieve your mission?

*Please email a complete activities list for your outdoor centre to info@ontariocamps.ca.

Why are you seeking OCA Accreditation and how do you hope to benefit from Membership?

*Please email info@ontariocamps.ca a Long Range Plan for your camp.

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Program Information:

What months does your outdoor centre operate? _____

Do you offer non-summer programs from September to June? If you do, what do you offer?

Length of Time (Weeks): _____

Length of Time (Days): _____

Is your outdoor centre part of a parent organization that oversees multiple outdoor centres?

Yes

No

If yes, list other outdoor centres under the same ownership/sponsoring agency:

Do you offer any summer programs or run a camp when groups are not on site? If yes, what do you offer?

For each session, list the session name, start date, length and cost per participant. Please email info@ontariocamps.ca with additional information, if necessary.

Maximum capacity of your outdoor centre at any one time (staff plus participants): _____

Highest number of participants at any one time: _____

Total number of "participant days" last season: _____

***Note:** a participant day = 1 participant for 1 day (e.g., 100 participants at camp for 5 days = 500 "participant days" (100 x 5).

How many groups did your outdoor centre host in your last fiscal year? _____

What is the suggested supervision ratio for your group? (participant/staff ratio) _____

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Staff Information:

Paid and Volunteer Staff Information

My outdoor centre's information ([see linked table](#)) has been emailed to info@ontariocamps.ca.

What resources do you use to hire staff? (e.g., job fairs, word of mouth, etc.)

Do you ask for criminal background checks for all staff/volunteers? (Year-round Standard HR.2.8.)

Yes No

How do you interview staff? (check all that apply)

In person Skype/video conference Phone Other

If other, please explain: _____

How many Canadian staff do you have? (If none, enter 0) _____

How many of your staff are from the GTA (If none, enter 0) _____

How many of your staff are from other parts of Ontario? (If none, enter 0) _____

How many of your staff are from Quebec? _____

How many of your staff are from other provinces? (If none, enter 0) _____

How many Temporary Foreign Workers do you hire? (If none, enter 0) _____

How many of your staff are from the USA? (If none, enter 0) _____

How many of your staff are from Mexico? (If none, enter 0) _____

How many of your staff are from other international countries? (If none, enter 0) _____

Total wages (\$) paid to Canadian camp staff: _____

Total wages (\$) paid to camp staff who are Temporary Foreign Workers: _____

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Director Information:

Number of years of experience of Director: _____

*Please email the Director's resume to info@ontariocamps.ca.

Is the Director familiar with the OCA and its Year-round Standards?

Yes No

Has the Director ever led an OCA Accredited Camp before?

Yes No

If yes, please indicate which camp(s) and the year(s) of service: _____

Participant Information:

***Note:** for this section, please use numbers from your most recent fiscal year. If none, enter 0.

How many participants did you have from the GTA? _____

How many participants did you have from Southeastern Ontario? _____

How many participants did you have from Northern Ontario? _____

How many participants did you have from Eastern Ontario? _____

How many participants did you have from Central Ontario? _____

How many participants did you have from Quebec? _____

How many participants did you have from the USA? _____

How many participants did you have from Mexico? _____

How many participants did you have from other international countries? _____

Total of all participant fees (\$): _____

Amount from foreign participants, including Mexico and USA (\$): _____

Annual gross revenue of your operations (\$): _____

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Additional Information:

Has your outdoor centre ever received a notice of violation/order from a government or regulatory body?

Yes No

If yes, what was the date of the violation? _____

If yes, what department/organization issued the violation notice? _____

If yes, what matter was it regarding?

*Please attach another page if necessary.

If yes, what did you do to resolve the matter?

*Please attach another page if necessary.

Reference Information:

***Note:** for this section, please list the name, relationship to your camp, address, phone number and email of each reference.

Reference #1: OCA or other Provincially Accredited Camp

Reference #2: Bank Manager or Chartered Accountant

Reference #3: Landlord or Supplier

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Reference #4: Solicitor or Affiliated Religious Professional

Reference #5: Camper Parent

Reference #6: Current or Former Staff Member

Reference Forms

I will have my references send their letters directly to the OCA.

OCA Mailing Address: 70 Martin Ross Ave., Toronto, ON M3J 2L4. **Email:** info@ontariocamps.ca

Accreditation Year-round Standards Questions / Policies and Procedures:

MA.3.1. Does the camp have the appropriate liability insurance?

Yes No

*Please provide a copy of your insurance policy.

Does your camp have general liability coverage?

Yes No

If yes, please specify the amount (\$): _____

MA.4.4. Does the camp have a written alcohol, tobacco and drug policy?

Yes No

*Please provide a copy of these policies.

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HR.2.12. Does the camp annually issue and receive a signed copy of a written employment contract for all seasonal personnel?

Yes No

*Please provide a copy of the contract.

CFE.3.7. Are fire emergency procedures posted in key locations?

Yes No

*Please provide a copy of your fire emergency procedures.

HC.4.1. Are written procedures available for the management of accidents, medical emergencies or death?

Yes No

*Please provide a copy of your written procedures.

Volunteers:

Are you interested in volunteering at the OCA?

Yes No Already Volunteer!

Committee(s) Interested In (check all that apply):

- | | |
|---------------------------|---------------------------|
| Additional Needs Resource | Government Relations |
| Annual Conference | Health Care |
| Archives | Membership |
| Awards | Nominating and Governance |
| Community Engagement | Outdoor Education |
| Counsellor Conference | Preferred Vendors |
| Environment | Social Media Marketing |
| Equity and Diversity | Standards |
| Finance | Standards Review |

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Payment Information:

Individual Outdoor Centre - \$335 + \$43.55 (HST) = \$378.55

Multiple Locations (Camps) List - I have read and completed the chart in the [linked document](#), if applicable.

*Please email your completed table to info@ontariocamps.ca.

Multiple Locations Additional Fee (4 Sites and Under):

\$389 + \$50.57 (HST) = \$439.57 per satellite location.

Total number of satellite locations(s): _____

***Note:** If your outdoor centre has four or fewer sites, you will pay the Provisional One fee of \$335 + HST, plus an additional fee of \$389 + HST per location for all other locations in the multiple locations operation. Please see the Multiple Locations (Camps) List above for more info.

Multiple Locations Additional Fee (5 Sites and Over):

\$168 + \$21.84 (HST) = \$189.84 per satellite location.

Total number of satellite locations(s): _____

***Note:** If your outdoor centre has four or fewer sites, you will pay the Provisional One fee of \$335 + HST, plus an additional fee of \$168 + HST per location for all other locations in the multiple locations operation. Please see the Multiple Locations (Camp) List above for more info.

Provisional One Outdoor Centre Applicant Agreement:

I/We agree to the Provisional One Applicant Agreement terms shared in this [link](#).

Supplemental Information:

I have read [OCA's Code of Professional Ethics](#).

I have read the [benefits](#) of joining the OCA.

I have reviewed the [application checklist](#) and emailed additional documents to info@ontariocamps.ca.

I have submitted my six reference forms:

1. [OCA or other Provincially Accredited Camp](#)
2. [Bank Manager or Chartered Accountant](#)
3. [Landlord or Supplier](#)
4. [Solicitor or Affiliated Religious Professional](#)
5. [Camper Parent](#)
6. [Current or Former Staff Member](#)