

Provisional One Application

Camp Application Agreement

Contact Information:

Camp: _____

Name (Camp Director / Main Contact): _____

Main / Winter Address: _____

Winter / Main Phone #: _____

Toll-Free Phone #: _____

Summer Campsite Address: _____

Summer / Other Phone Number: _____

OCA Communications Email: _____

Public Email: _____

Fax #: _____

Legal Name of Camp: _____

Owner / Operator: _____

Parent Organization / Camp Affiliation: _____

Camp Type:

Day

Overnight

Day and Overnight

Website: _____

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Sharing of Contact Information

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

Mentor

I am interested in being paired with a mentor who can provide support and guidance as I work towards accreditation.

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 camper(s). Please choose the kindred groups that best describe your camp (check all that apply).

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Additional Needs Information:

Does your camp exclusively serve a specific additional needs population?

Yes No

Does your camp integrate children with additional needs into your general camp population?

Yes No

Additional Needs Accommodations

A.D.D. with hyperactivity

A.D.D. without hyperactivity

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)

Camp Provides 1:1

Parent Provides 1:1

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

Other: _____

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If applicable, what types of specialized supports does your camp provide to these campers?

Are there additional costs for campers requiring additional support?

Subsidies:

Does your camp 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 camp:

*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 camp 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 camp 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 camp part of a parent organization that oversees multiple camps?

Yes

No

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

Camp Sessions and Non-summer Program Information:

For each camp session/non-summer program, list the session name, start date, length and cost per camper. Please email info@ontariocamps.ca with additional information, if necessary.

What is the age range of your campers/participants? _____

Does your camp operate as (check all that apply):

Male

Female

Co-ed

Family

Maximum capacity of your camp at any one time (staff plus campers/participants): _____

Highest number of campers/participants at any one time: _____

Total number of "camper/participants days" last season: _____

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

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What is your overall camper/participant to staff ratio? _____

Did you have campers sponsored by an agency last season?

Yes No

If yes, how many? _____

If yes, what percent of total campers were sponsored by an agency? _____

Did you have a CIT or LIT program last season?

Yes No

Staff Information:

Paid and Volunteer Staff Information

My camp'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 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) _____

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

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

Director Information:

Number of years of camp experience of Camp Director: _____

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

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

Yes No

Has the Camp Director ever led an OCA Accredited Camp before?

Yes No

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

Camper / Participant Information:

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

How many campers did you have from Quebec? _____

How many campers did you have from the USA? _____

How many campers did you have from Mexico? _____

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

Total of all camp fees (\$): _____

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

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

*Please mail or email info@ontariocamps.ca a copy of your last financial statements.

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Additional Information:

Has your camp 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 or Outdoor Centre

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.2.13. 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 Camp - \$346.73 + \$45.07 (HST) = \$391.80

Multiple 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 Camps Additional Fee (4 Sites and Under):

\$402.62 + \$52.34 (HST) = \$454.95 per satellite camp.

Total number of satellite camp(s): _____

***Note:** If your camp has four or fewer sites, you will pay the Provisional One fee of \$346.73 + HST, plus an additional fee of \$402.62 + HST per camp for all other camps in the multiple camps operation. Please see the Multiple Camps List above for more info.

Multiple Camps Additional Fee (5 Sites and Under):

\$173.88 + \$22.60 (HST) = \$196.48 per satellite camp.

Total number of satellite camp(s): _____

***Note:** If your camp has four or fewer sites, you will pay the Provisional One fee of \$346.73 + HST, plus an additional fee of \$173.88 + HST per camp for all other camps in the multiple camps operation. Please see the Multiple Camps List above for more info.

Provisional One Camp 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](#)