



Camp Counselors USA New Client Reference Form

Completion of this form is mandatory. Once submitted, CCUSA will review the information to determine qualification as a new client.

| | |
|----------------|----------------------------|
| Camp ID Number | (For Office Purposes Only) |
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CONTACT INFORMATION

| | | | |
|------------------------------|-------------------------------|--------------|----------|
| Camp Name | Years in Operation | | |
| Camp Name if Incorporated | Camp Website | | |
| Camp Summer Physical Address | Number & Street | City & State | Zip Code |
| Camp Winter Mailing Address | Number & Street | City & State | Zip Code |
| Contact Phone # | Contact Email Address | | |
| Camp Director's Name | Camp Director's Email Address | | |

CAMP INFORMATION

Is your camp accredited by the American Camping Association Yes No If YES, date accredited

Has your camp ever lost its ACA accreditation? Yes No

If YES, please explain.

Have you employed international staff at your camp in your camp in the last 5 years? Yes No

If YES, which international staffing agency(s) have you worked with (please list)

Have you ever been denied service by an International Staffing Agency? Yes No

If YES, please explain.

Is any of the following available at your camp (check all that apply)?

 Camp Vehicle/Transportation off camp for Staff Staff Lodge/Lounge Laundry Facilities for Staff Internet/WiFi Access

Your camp's returnee % rate for last season? Staff Campers Do you hold pre and/or post-camp sessions for user groups? Yes No

If yes, please describe the type user groups (ie- Church Group, Specialty Groups, etc).

REFERRAL INFORMATION

Please provide us with the most current reference information you have available.

Acquainted Camp Referral

| | | | |
|-----------------|---|--------------|----------|
| Camp Name | Director/Owner Name | | |
| Address | Number & Street | City & State | Zip Code |
| Contact Phone # | Number of years you have been associated with this camp | | |

Trade Credit References 1

| | | | |
|-----------------|-----------------|--------------|----------|
| Name of Company | Phone # | | |
| Address | Number & Street | City & State | Zip Code |

Trade Credit References 2

| | | | |
|-----------------|-----------------|--------------|----------|
| Name of Company | Phone # | | |
| Address | Number & Street | City & State | Zip Code |

Bank Information Business Bank Name Account #

Integrating international staff into your camp is a wonderful addition to the camp community. We encourage camps to make the most of this cultural exchange experience. Camp Counselors USA is committed to both recruiting first-rate international staff and providing the highest quality personal service to both our camps and our participants. In return, it is essential that our camps understand that, as visitors, the international staff must be given the attention, support, training and respect necessary to ensure they have a rewarding experience in the USA. Completion of this form does not guarantee confirmation to do business with CCUSA. Once received, we will assess if your camp is the right fit to partner with CCUSA. If approved, you will be required to provide a copy of your Business License (or 501c3 form for non-profit camps); your EIN number; a copy of your Worker's Compensation insurance policy cover page as well as sign the CCUSA Letter of Agreement before we will send you international staff applicants to review/hire. We thank you for taking the time to complete this form.

If submitting this form electronically (emailing form) check the box below as an alternative to signing.

| | | | |
|-------------------------------------|-----------|----------|---------------------------|
| Name of person completing this form | Signature | Position | Years in Current Position |
|-------------------------------------|-----------|----------|---------------------------|