Staff Requirements 2010

BUNAC
Summer Camp USA

Please complete all sections and mail or fax as soon as possible to:

BUNAC
P.O. Box 430
Southbury, CT 06488
(203) 264-0901, FAX (203) 264-0251
1 (800) 462-8622

1. Name of director or other person responsible for staffing

2. Name of Camp

3. Winter address

Telephone

Fax

E-mail

Website

4. Summer address (must include street address)

Telephone

Fax

E-mail

Website

Emergency Telephone Contact

5. On what date would you like your counselors to arrive in camp? *(See Q. 23*)*

leave camp?

6. On which dates do you transfer to your summer address and return to your winter address?

7. Counselor orientation session dates

8. What date do campers

arrive?

depart?

9. Do you require counselors to have a medical examination before camp? (If yes, please send medical forms with contracts.)

10. On which dates will your camp have Parents' Visiting Days? Changeover days? Are there any other dates which are not convenient for camp visiting?

11. BOYS/GIRLS/BROTHER-SISTER OR CO-ED?

Ages

How many campers per session?

How many counselors in total?

How many international counselors?

12. Nearest bus stop/railroad station/airport to camp?

Any special arrangements for getting staff to camp?

13. Is your camp PRIVATE/AGENCY/DAY/RESIDENT for { STANDARD/TRADITIONAL / SPECIALIST SPORTS/ ARTS / GIRL SCOUT / DISADVANTAGED / LEARNING DISABLED / MENTALLY DISABLED / EMOTIONALLY DISTURBED / PHYSICALLY DISABLED } children/adults? *Please circle as applicable*

14. What are your arrangements for counselors' days off (please read Agreement)?

15. Does any one religious group predominate at your camp? If so, which? Do you only accept staff of this faith?

16. Are you able to accommodate special dietary needs e.g. diabetic, kosher, vegetarian? Please specify.

17. Very latest date for arrival of *Summer Camp USA* staff?

18. Do you accept staff who smoke?

19. Is your camp's accommodation in: cabins / platform tents / dorms / other?

20. To which camping associations are you affiliated?

22. From which international organizations do you hire overseas staff?

21. STAFF REQUESTS. Please state "GENERAL", or list specialty ACTIVITY AREAS most likely required. **Please indicate any special age requirements, e.g. 21+; or say here if you do not wish to receive dossiers, e.g., "Can-Camp only".**

MALE Activity Areas	Approx. No.	FEMALE Activity Areas	Approx. No.

23. Any special requests, or other special characteristics of your camp which you would like us to note when matching your needs? **If you would like your staff to arrive on more than one date, please state here.*

24. Is your camp offering courses in swim, ropes, rifley, archery? Please give dates.

25. Would you like to receive applications:

a) online; b) by e-mail (pdf format); c) mail; d) fax?

26. On which date will you be ready to start hiring BUNAC staff?

I have read BUNAC's *Summer Camp USA* brochure or relevant section of the BUNAC website and the *Terms and Conditions*. I accept and agree to the aims and conditions of the program detailed therein. Specifically, I understand that my obligation for each counselor will be: a) room and board, plus b) unless otherwise agreed with BUNAC or for Direct Placements if applicable, for each BUNAC applicant I accept, in total $2380, $2575 or $2805 per Euopean or Jamaican counselor ($1590 to BUNAC or $910/ Jamaica); for Australia/New Zealand/Singapore/China counselors, in total $2450, $2760, or $2935 ($950 or $985 to BUNAC) for an 8/9 week season, plus c) one-way transport to camp from port of entry, plus d) if the counselor is at camp for more than 9 full weeks, I will pay the counselor per week, one ninth of the total payable, plus e) I agree to pay each counselor working on the waterfront with an RLSS NPLQ, Austswim or ACA-approved certification and those working with special needs populations, an additional $100, plus f) if I have agreed to a port of entry other than New York, I will pay the air fare differential (if any). I understand that I will be invoiced for staff in June 2010 and I agree to pay interest of 2% compounded monthly on any balance outstanding from 01 September 2010.

Signature ..... Date .....

BUNAC Office Use Only.

Name	Ref	Position	Date/Out/By	In/By	Y/N	Log Date