| racinty #: | |
|----------------------------------|--|
| 2023 INDIVIDUAL FACILITY RE | EPORT CHECKLIST (see below for details regarding requirements) |
| ☐ All fees (including guest fees | s) have been paid. |
| ☐ ACA number has been prov | vided and copy of current ACA membership card is attached. |
| • | facility holder at least 20 days and 10 overnights or cabin was used at ghts. (Camp sign-in sheet will be referenced, no separate usage log |
| ☐ Host and sanitation form is | attached. |
| member means joining a co | t the facility holder serves as an active working member. (A working mmittee and playing a substantial role in the management of the unteering for the Committee.) |
| • | ing member name, date, nature of work, and hours is signed and ude sign-off by Committee Chair and must have at least 15 hours. |
| ☐ Any issues concerning your | facility must be brought to the attention of the Camp Committee |
| immediately. Please indicat | · |
| | No Yes (please list) |
| | |
| | |
| Sign name | Date |
| Duint name | |
| Print name | |
| Questions? | |

Email selectionevaluation@aca-atlanticdivision.com

LAKE SEBAGO

Atlantic Division

of the

American Canoe Association

aca-atlanticdivision.com

Selection & Evaluation Chair PO Box 281 Sloatsburg, NY 10974-1100 selectionevaluation@aca-atlanticdivision.com

CAMP FACILITY ANNUAL REPORT Individual Facility Holder Due by NOVEMBER 15th

(Late submission will result in an automatic unsatisfactory rating)

| Fac | ility Holder Name: |
|-------------|---|
| Fac | ility #: E-Mail Address: |
| Ado | dress: Phone: |
| City | y, State, Zip |
| only Hol | ar annual report is due by November 15 th . All facility holders are required to submit a report, even if you y have a one-year assignment. You and your guests are expected to abide by all items listed in the Facility der's Agreement. You are expected to meet all of the following requirements in order to get a satisfactory ng. A failure in any of these will result in an unsatisfactory rating for the year. |
| 1. F | Yees. All fees (including guest fees) have been paid as required (Initial here). |
| | Membership. You must be a current ACA member. Please provide a copy of current ACA Membership Card. ACA #: |
| (| Usage. A tent platform must be used at least 20 days (minimum 10 overnights) and a cabin at least 30 days (minimum 15 overnights) by the facility holder during the season. This usage must be unique (not overlap with that of another facility). The camp sign-in sheet will be used for usage verification. Please remember to sign-in legibly and entirely when you enter camp. |
| • | Host & Sanitation Duty Weekend. Each facility will perform Host and Sanitation duty at least one weekend during the season. Indicate the date duty performed (Submit signed Host and Sanitation Form.) |

- **5. Work Hours Performed.** Each facility holder is required to do 15 hours of volunteer work in Camp subject to the following guidelines:
 - Volunteer work requires serving as a working member of an ACA committee (National, Divisional or Camp Committee and their subcommittees);
 - The person(s) assigned the facility must do the required work;
 - No distinction will be made between camp and division work/participation as long as the volunteer work is in camp;
 - All work hours must be <u>signed off</u> by the Committee chair or the Camp Director.

The following do NOT count towards the required work hours:

- Work done that involves payment for services;
- Work done in and around a tenant's facility;
- Time spent doing the required Host and Sanitation Duty Weekend.

| the Committee. Note: if your volunteer v | nmittee and playing a substantial role in the management of the Committee and not just volunteering for Committee. Note: if your volunteer work for a committee does not equal 15 hours you may apply the ance from general volunteer work for all Committees or with assignments from the Camp Director | | | | | |
|---|--|--|--|--|--|--|
| List committee name | | | | | | |
| Signature: | Date: | | | | | |
| Please mail or email the completed form win Selection & Evaluation Chair PO Box 281 Sloatsburg, NY 10974-1100 selectionevaluation@aca-atlanticdivision.co | · | | | | | |
| For Committee Use only: | | | | | | |
| Disposition: | | | | | | |
| Satisfactory | | | | | | |
| Unsatisfactory | | | | | | |
| Deficiencies: | | | | | | |
| | | | | | | |
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6. Service. You <u>must</u> be an active member of an ACA Committee - National, Divisional (including Activity Committees), Executive, or Camp Committees or Subcommittees. A working member means joining a

2023 HOST AND SANITATION CHECKLIST

| NAME | CABIN # | or |
|---|--|--|
| CLUB | _ or TENT # | |
| - | n. Your job will be to m | A professional cleaning service will clean both naintain sanitation during the weekend. Please use ed below. |
| or Saturday morning. Stock of supplies and gre-checked at the end of the weekend (approx | jeneral cleanliness sh x. 5pm Sunday). This | on Saturday, and preferably either Friday evening hould be checked though the weekend and s requires you to remain in camp throughout the and do not return home until after 5 pm on Sunday. |
| | - | ctor of supplies or repairs needed at the end of the chair know with an email directed to them. Contact |
| All bathroom supplies are in the cabinets in the bathroom at the other end of the parking lot. | ne large bathhouse. T | here is an additional smaller set of supplies in the |
| Checklist: ☐ Spray toilet flushers, faucets and light swit. ☐ Replace toilet tissue as required. Place sp weekend. ☐ Refill hand sanitizer, soap and paper towel bear-proof dumpster and replace garbage call area, meeting room, and steps. ☐ Replace burned out light bulbs or notify call Check for obvious safety hazards and notion Check for supplies that are running short of the content of the c | eare (wrapped) rolls in a dispensers as need in liners as needed the amp director. | ed through the weekend. Take garbage to rough the weekend. Sweep the Pavilion |
| I have performed the above duties on: Saturday,//_23 at (time) and Sunday facility. | y, <u>/</u> _23 at (tim | e) on behalf of |
| Print Name of Person(s) who performed clear | ning tasks | |
| Have camp director or camp committee mem | ber sign on Saturday | AND Sunday |
| Saturday | Sunday | <u> </u> |

Camp Director: acacampcommittee@gmail.com
H&S Chair: hostsanitation@aca-atlanticdivision.com

2023 WORK HOURS LOG

| DATE | NAME | WORK PERFORMED (Detail work and number of hours) | CHAIR INITIALS |
|------|------|--|-------------------|
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^{**}Please have your work hours signed off when the work is completed.**