

Atlantic Division

of the

American Canoe Association aca-atlantic division.com

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

CAMP FACILITY APPLICATION for an INDIVIDUAL MEMBER

Due December 31st

(Applicant may be rated fully qualified, partially qualified or not qualified.)

| Name(s):Email address: | |
|--|--|
| Address: | Phone: |
| ACA Number(s): | |
| Emergency contact name: | Phone: |
| Preference: Cabin, Tent Floor, No preference | |
| Category of Applicant. Please check one: | |
| □ An Individual Atlantic Division Member who has been a member for who is at least 21 years of age, and who has never had a multi-year category are those who meet all other qualifications and who have how an Individual ACA Member who has had a prior multi-year assignment. □ An Individual ACA Member who is at least 21 years of age, who does multi-year facility assignment and who is seeking a one-year cabin of the Individual ACA member who has had an involuntary lease terminal neach of the three years prior to application, applicants must: | r cabin assignment. Also included in this had only a previous tent floor assignment. ent to a cabin. es not meet the basic qualifications for tent platform assignment. |
| 1. Have served as a working member of an ACA committee (Executive or their subcommittees) for a minimum of 15 hours. A working mem management of the Committee and not just volunteering for the Cor or for the Camp Director must be documented and signed off by the Director. Hours spent managing an event may count towards the 18 active working member of a Committee and not just a volunteer for a Fifteen hours of documented volunteer work for 2021 will be sufficient | nber means playing a substantial role in the mmittee. All of the work on the Committee Committee representative or the Camp 5 hours. Note: the requirement to be an a Committee was enforced starting in 2022. |
| Summarize below your work for an ACA Committee in the following years A your work hours signed by a committee representative or the Camp Directo | |
| A. (Year 1) | |
| B. (Year 2) | |

| C. (Year 3) | | |
|--|--|--|
| No more than two members of a family, that is, spouse, parent, g have a multi-year assignment in the camp at any one time. Pleas assigned a facility. Please list any family members who are curre "none." | se list any family members who are currently | |
| List family member(s) | or | |
| None (Check) | | |
| Please attach two (2) letters of recommendation from current mecurrent member of the ACA Atlantic Division Board of Directors, or Camp Committee, or the Camp Director, or the chair of an Atlantic subcommittee you have worked for. Identify members who have veletters must support the applicant's statements of activity for the Activity. | or from a current member of the ACA Atlantic Division c Division Activity Committee, or the chair of a written your letters of recommendation below. The | |
| Name Name |) | |
| Applicant acknowledges that the Atlantic Division may audit and verify information submitted with the cabin or tent floor application. Any information which is false or misleading may disqualify the applicant from assignment to a cabin or tent floor for a period of up to four years. The purposes of the American Canoe Association (ACA) Atlantic Division Camp are first, to promote the programs of the ACA and second, to provide the members of the ACA Atlantic Division and their guests with the opportunities to engage in canoe sport. Failure to follow camp rules may result in the revocation of assignment. | | |
| Applicant Signature | Date | |
| Please refer to the Multi-year Retention and assignment rules | • | |

ACA Sebago facilities.

Please mail or email this form and attachments by December 31st to

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Sloatsburg, NY 10974-1100
selectionevaluation@aca-atlanticdivision.com

| For Committee Use only: |
|---|
| Disposition: |
| ☐ Fully Qualified☐ Partially Qualified☐ Not Qualified |