

# APPLICATION FOR NEW YOUTH CAMP DIRECTOR OR ALTERNATE DIRECTOR APPROVAL

Section 19a-422 of the Connecticut General Statutes requires that an Office of Early Childhood (OEC) approved director be on site at all times camp is in operation. The camp director is responsible for the health, comfort and safety of campers and staff. The director shall be responsible for the implementation of the camp's plans, policies and procedures and shall be familiar with all of the requirements of the youth camp statutes and regulations found at [www.ct.gov/oec/camps](http://www.ct.gov/oec/camps). The camp director shall be familiar with all of the activities offered at the camp and shall have access to all records and facilities utilized by the camp. If the camp director is not available, an Agency approved alternate director must be present at the youth camp to fulfill these responsibilities.

Date Application Received *OEC*  
*Use Only*

Approval #YCDR.0

In order to qualify for approval as a youth camp director or alternate director, an individual must be 21 years of age, and must have either: served at least one summer as a camp director or have had at least 16 weeks administrative or supervisory experience in an organized camp or completed equivalent administrative or supervisory training or experience in an organized youth program.

### PLEASE PRINT CLEARLY AND COMPLETE ALL INFORMATION REQUESTED

Legal First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Last Name \_\_\_\_\_ Suffix (Ex. Jr.) \_\_\_\_\_

Former/Maiden Name \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Permanent Mailing Address 1 \_\_\_\_\_ Mailing Address 2 \_\_\_\_\_

City / Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ If not USA, Country \_\_\_\_\_

Home Phone # (\_\_\_\_) \_\_\_\_\_ Home Fax # (\_\_\_\_) \_\_\_\_\_

Personal Cell # (\_\_\_\_) \_\_\_\_\_ Personal Email Address \_\_\_\_\_

I certify that I have read the current Youth Camp Statutes and Regulations at the Agency website @ <http://www.ct.gov/oec/camps> If approved, what is the license number, name & address of the camp you plan to initially work at?

License # of Camp YCYC.0 \_\_\_\_\_ Camp Name \_\_\_\_\_

Camp Address \_\_\_\_\_

Position      Check One       Camp Director       Alternate Director

If you will be working at any other licensed youth camps, provide the camp license numbers and position for each camp:

License # of Camp YCYC.0 \_\_\_\_\_ Check One       Camp Director       Alternate Director

License # of Camp YCYC.0 \_\_\_\_\_ Check One       Camp Director       Alternate Director

License # of Camp YCYC.0 \_\_\_\_\_ Check One       Camp Director       Alternate Director

License # of Camp YCYC.0 \_\_\_\_\_ Check One       Camp Director       Alternate Director

New camp, not yet licensed. Please provide the exact name of camp on application submitted to OEC so your name can be added to the camp. \_\_\_\_\_

Camp Name \_\_\_\_\_

Camp Address \_\_\_\_\_

Not yet employed at a camp      Page 1 of 2      Office Use Only Filing Town \_\_\_\_\_

