



Boys & Girls Clubs Renewal Questionnaire

Club Name _____ **FEIN #** _____

Updates

New locations or camps added during the last year?	Yes	No
New additions/renovations completed last year?	Yes	No
New programs added during the last year?	Yes	No

If yes for any of the above, please include details. _____

General Information

Total number of employees: _____	Full time: _____	Part time: _____
Total number of volunteers: _____	Total number of kids enrolled: _____	
Annual revenue: _____	Average daily attendance: _____	

Professional Staff

How many people work at the Club in the following capacities?

Licensed/Certified Social Workers: _____	Licensed/Certified Counselors: _____
Registered Dietitians/Nutritionists: _____	Employed/Contracted/Volunteer Nurses: _____
EMTs: _____	Staff who handle money: _____

Camps

Total number of offsite day camps: _____

Address	Average Daily Attendance	# of Days Camp is Open

Total number of overnight camps: _____

Address	Average Daily Attendance	# of Days Camp is Open

Number of boats in use:

Sailboats less than 21 feet: _____ Sailboats 21+ feet: _____

Motorboats less than 26 hp: _____ Motorboats 26+ hp: _____

Number of saddle animals Club owns: _____ Number of saddle animals Club leases: _____

Are there dams located on the insured property? Yes No

If yes, please specify the number and which location(s): _____

Please submit a copy of the most recent dam inspection report.

Swimming Pools & Waterfronts

Please check any and all of the features available at any of your pools or bodies of water:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Waterslide (above 15 ft.) | <input type="checkbox"/> Lazy River | <input type="checkbox"/> Current Channel |
| <input type="checkbox"/> Vortex Pool | <input type="checkbox"/> Spray Ground | <input type="checkbox"/> Diving Board |
| <input type="checkbox"/> Splash Pad | <input type="checkbox"/> Flow-Rider | <input type="checkbox"/> Public Access |

Off-Site Childcare

Do you have any new off-site locations where daycare/preschool and after-school programs are offered? Yes No

If yes, please attach a list of new locations and average daily attendance for each.

Field Trips

Number of field trips taken each year: _____

Field Trip Location	Number of Participants	Overnight Stay? (Yes or No)

Automobile

Are volunteers allowed to drive Club vehicles? Yes No

Number of volunteers at all locations who regularly use their own autos to transport social service clients in connection with your programs: _____

Does your camp ever outsource transportation to local companies? Yes No

If yes, what is the annual cost of hire? _____

Please attach a copy of the Certificate of Insurance obtained from the transportation company.

Complete and Sign

The information contained in this document is true and accurate, and completed to the best of my knowledge and ability.

Print Name: _____

Signature: _____

Title: _____

Date: _____