

**APPLICATION FOR NEW YOUTH CAMP DIRECTOR OR
ALTERNATE DIRECTOR APPROVAL**

Section 19a-422 of the Connecticut General Statutes requires that a Department of Public Health approved director be on site at all times camp is in operation. The camp director is responsible for all activities and sites operated under the camp license and responsible for maintaining the requirements of the youth camp statutes and regulations found at www.ct.gov/dph/camps. Furthermore, the camp director must have accessible and be familiar with all the documentation and information relative to each activity and site operated under the license so that the information, documentation and materials can be provided to the staff of the Department during inspections. If the camp director is not available, a Department approved alternate director must be present at the youth camp to fulfill these responsibilities.

Date Application Received *DPH*
Use Only

Approval #YCDR

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 training or experience in camping.

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 Department website @ http://www.ct.gov/dph/lib/dph/youth_camps/pdf/yc_statutesregs.pdf

License # of Camp _____ New camp, no license number Not yet employed at a camp

If new camp, exact name of camp on application _____

If approved, what is the name and address of the youth camp you plan to initially work at?

Camp Name _____

Camp Address _____

Position Check One Camp Director Alternate Director

Have you served at least one summer as a Camp Director? If yes, provide camp name, address and dates of service.

Camp Name _____

Camp Address _____

Dates of Service _____

Office Use Only

Filing Town _____

