**ACA Standards Associate Visitor Candidate Application**

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| **Step 1 — Candidate Information**  |
| **Name:** Click here to enter text. **ACA Member #:** Click here to enter text. |
| **Address:** Click here to enter text. |
| **Telephone: (Home)**Click here to enter text. **(Work)**Click here to enter text. **(Cell)** Click here to enter text. |
| **Email:** Click here to enter text. | **Date Basic****Standards Course taken:** Click here to enter text. |
| **ACA Local Office:** Click here to enter text. | **Years of ACA Membership:** Click here to enter text. |
| **Experience in Organized Camping:**Click here to enter text. |
| **Educational Background:** Click here to enter text. |
| **Why are you interested in becoming a visitor?** Click here to enter text. |
| **What skills and competencies do you have to help you as a visitor?**Click here to enter text. |
| ***Submit application to designated individual — Standards Chairperson(s) OR ACA Standards Staff*** |
| **Step 2 — Local Office Endorsement** |
| **The above named applicant has been duly approved as a candidate for training as an associate visitor.****Standards Chairperson Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Submit application to designated individual — Course Instructor(s) OR appropriate ACA Staff*** |
| **Step 3 — Instructor Endorsement**  |
| **The above named applicant has satisfactorily completed Associate Visitor Training at (location) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;** **on (dates) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and is hereby recommended for certification as an associate visitor. To complete training, the candidate must satisfactorily complete at least \_\_\_\_ visits with supervision and evaluation by a visitor mentor.****Instructor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| ***Submit application to LCOL/Board*** |
| **Step 4 — Local Office Approval**  |
| **The LCOL/Board of ACA, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ approves the above named candidate as an associate visitor.****Chair/President Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Please return this form to** **accreditation@acacamps.org** **or mail to:****American Camp Association, 5000 State Road 67 N, Martinsville IN 46151-7902****Rev8/3/15** |
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