**ACA Standards Associate Visitor Candidate Application**

|  |  |
| --- | --- |
| **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**](mailto:accreditation@acacamps.org) **or mail to:**  **American Camp Association, 5000 State Road 67 N, Martinsville IN 46151-7902**  **Rev8/3/15** | |
|  | |