

International Association of Burn Camps

Membership Application

The general purpose of the IABC shall be to provide a network for the mutual benefit of local and/or regional organizations, hereinafter referred to as camps, providing services that shall include but are not limited to a residential camp that assists in the recovery from injury by supporting the physical, social, and psychological needs of burn survivors and their families.

Name of parent organization: _____

Camp name (if different from above): _____

Address: _____

Facility, Building, or Department

Street/ P.O. Box

City

State/Province

Postal Code

Geographic area/ region served: _____

Website: _____

Contact person: _____ Title: _____

Telephone: _____ Fax: _____

Cellphone: _____ Pager: _____

E-mail: _____

Camp director (if different from contact): _____

Telephone: _____ Fax: _____

Cellphone: _____ Pager: _____

E-mail: _____

If your camp has a formal relationship/affiliation with one or more burn centers/units, please list them. This is **NOT** a list of all the facilities from which you have received campers. It should only include facilities that if contacted would indicate that your camp has been specifically chosen to provide services to their patients.

Facility	City	State/Prov.
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If more space is required please attach a separate sheet.

Indicate the types of programs your camp provides to burn survivors or their families:

Summer camp Winter camp Young adult retreat Newsletter

Family camp Support group(s) Educational scholarships

Day trips (educational or recreational) Social events

Website Other (list) _____

In accordance with the by-laws, in order for a camp to be considered for membership in the IABC, it must meet the following criteria. Please indicate how the camp meets each criterion by checking the appropriate box, providing the requested information, or attaching the required supporting documentation. An individual designated by the camp or its parent organization to sign on its behalf, preferably the camp director, must sign the affidavit that follows.

The applicant camp asserts that:

a. it provides to participants, a camp program specifically for burn survivors and/or their families, that assists in the recovery from injury by supporting their physical, social, and psychological needs.

b. in order to meet the physical, social, and psychological needs of the participants, the program is medically based and utilizes appropriate staff, **trained in a burn treatment facility**, * as camp counselors (in addition to other types of camp counselors). Please check the type(s) of medical personnel with such training who regularly serve as camp counselors:

___ physician/ physician assistant ___ nurse/ nurse practitioner ___ social worker

___ physical/ occupational therapist ___ psychiatrist/ psychologist ___ play/rec therapist

***List those facilities:**

c. if a camp facility is used, that it is accredited by an appropriate organization.

Name of facility _____

Indicate accrediting organization:

___ American Camping Association (camp accreditation number) _____

___ Canadian Camping Association (camp accreditation number) _____

___ Other _____

___ Do not use a camp (describe) _____

d. no burn survivors and/or their families will be denied participation in any camp or related programs solely because of an inability to pay any and all fees associated with such a camp or related programs.

e. an identified director(s) is substantially responsible for the organization and administration of the camp. (their name should appear on page 1 of this application)

f. it will provide evidence, where applicable, of compliance with local charitable registration and reporting requirements. (the application review committee may request this documentation later)

g. it has current non-profit status. For example in the United States, 501(c)(3) status or the equivalent for organizations outside the United States. Additionally, camps may be covered under the non-profit status of another organization if that organization controls the finances of the camp, i.e. a not-for-profit hospital. If you are a non-profit corporation attach a copy of your IRS determination letter or the equivalent. If you operate under the non-profit status of another organization, provide the following information.

Name of Organization: _____

Address: _____

Facility, Building, or Department

Street/ P.O. Box

City

State/Province

Postal Code

Contact Person: _____ Telephone: _____

Be aware that a copy of this organization's IRS determination letter or its equivalent may be required for final determination of membership eligibility.

This is to certify that:

**(name of camp) _____
has made membership application to the International Association of Burn
Camps and hereby declares that the information provided and assertions made
in this application is true, correct, and complete. The undersigned on behalf of
the applicant camp understands:**

- 1. that any misstatements or omissions of fact shall be considered a cause for denial of membership or revocation of membership at the board's sole discretion.**

- 2. that at any time there is a change in the status of any of the assertions contained in a. through g. above, so that the camp is no longer in compliance with the bylaws, the Board of the IABC must be notified immediately.**

- 3. that failure of the applicant camp to maintain compliance with the bylaws shall be considered a cause for denial of membership or revocation of membership at the board's sole discretion.**

Camp representative (signature): _____

Name (print): _____

Title, if applicable: _____ Month: _____ Day: _____ Year: _____

Please return the completed application with required attachments and the application fee of \$25.00 U.S. in the form of a check payable to the International Association of Burn Camps to:

International Association of Burn Camps
7640 Green Dell Lane
Highland, MD 20777
USA

If you have questions, please contact Tonas Kalil, Treasurer at (301) 854-0402