

Thank you for your interest in the Camp Management Fellowship! This document can be used to preview the application questions. Please use this only for planning purposes. To be invited into the program, you must submit your application through formassembly by Friday March 1st at <https://www.tfaforms.com/5107329>

Start Your Application!

Choose (or write in) the official name of your camp (as printed on the camp website) *

Begin typing the name of your camp and select the answer that appears in the drop-down menu.

I am applying as a/an... *

- Day Camp
 Overnight Camp

Camp Contact Info

This application should be completed by the person who will act as the Camp Management Fellowship Camp Contact.

First Name *

Last Name *

Role at Camp *

- Director
 Associate Director
 Assistant Director
 Education Director
 Program Director
 Other (Enter your role in the text box below)

Main Email *

This will be the address where FJC sends important and time-sensitive information.

Office/Work Phone *

Enter without dashes, text, or symbols.

Extension

Numbers only.

Cell Phone *

Enter without dashes, text, or symbols.

Which phone number should the FJC team primarily use to contact you during business hours? *

- Work Phone
 Cell Phone

Additional Contact Person

In the event you are on vacation or are unavailable, please provide information below for another member of your full-time team who could step in to be contacted about the Camp Management Fellowship.

Colleague's First Name *

Colleague's Last Name *

Colleague's role at Camp *

- Director
- Associate Director
- Assistant Director
- Education Director
- Program Director
- Other (Enter your role in the text box below)

Colleague's Email *

Colleague's Office/Work Phone *

Enter without dashes, text, or symbols.

Extension

Numbers only.

Colleague's Cell Phone *

Enter without dashes, text, or symbols.

Which phone number should the FJC team primarily use to contact this colleague during business hours? *

- Work Phone
- Cell Phone

Vision: Direction & Growth

What does seasonal supervisor training currently look like at your camp? What do you like about it? What would you like to change? *

Please provide your answer in 3-4 full sentences.

What are the top three supervision skills you wish your seasonal supervisors had? Why? *

Feel free to provide your answer in bullet/list format if preferred.

If all of your seasonal supervisors were amazing at their jobs, how do you see camp as a whole improving? *

Please provide your answer in 3-4 full sentences.

SUBMITTING YOUR FELLOWS

On this page you will provide information for each Fellow you would like to attend CMF from your camp. Before submitting their name, please be sure to confirm that they are interested and available to attend. To add another Fellow, use the "Add Another Fellow" option at the bottom of the Fellow Information section. As a reminder, FJC will cover all costs of the first 3 Fellows provided, and camp can submit up two additional Fellows if desired for \$250 each.

FELLOW INFORMATION

Legal First Name *

Legal Last Name *

If applicable, provide any other first or last names we should know about for this fellow.

i.e. Hebrew name, nick name, maiden or hyphenated last name, etc. This will help us identify them in registration.

Date of Birth *

By checking this box, you confirm this Fellow will be **at least 18 years old** on or before April 7, 2024. *

Yes

Primary Email Address *

For important, personalized, and time-sensitive information about registration and more!

Cell Phone *

What year was this person's first year on your camp's staff? *

Please do not include CIT / SIT / LIT year(s).

Position/Role at Camp this Summer (2024) *

If you already know the unit or specialty this person is supervising this summer, please specify.

Which training is this Fellow prepared to attend? *

Please share anything you'd like us to know about this Camp Management Fellow. What do you hope they gain from the program? Why are they the ideal candidate from your camp?

Address

Please share the address below of the location this Fellow will be traveling to/from the in person gathering from.

Street Address *

Country *

State/Province

City *

Postal Code *

[Add Another Fellow's Details](#)

Confirmation & Commitment

All Fellows are REQUIRED to attend the CMF in-person training they select in its entirety. Please confirm you will only provide cohort information that includes members who can commit to attending the full in-person gathering and all of the requirements provided *

Yes, our camp understands and agrees.

Your camp's application for this year's Camp Management Fellowship is almost complete! On the NEXT page you'll be able to review, edit, and/or print your responses. **Your submission will not be final until you click "Confirm" at the bottom of the NEXT page.** *

I understand and will review/edit/print responses and click "Confirm" at the bottom of the NEXT page to submit.

E-SIGNATURE

Type your full name below to affirm this statement:

I have the authority to agree to the information submitted, and I certify that all information provided herein is true and accurate. *