

SPECIAL NEEDS CAMP OF KENTUCKY^{inc.}



Special Needs Camp of KY, Inc.

PO BOX 875
Owingsville, KY 40360
(606) 336-0326

Email: Katie.SNCKI@gmail.com
Website: www.specialneeds-camp.org

Dear Parents/Guardian/Counselor:

Thank you for taking the opportunity to complete this application as a counselor/buddy for Special Needs Camp of Kentucky, Inc. Summer Camp 2020. We have many exciting activities and events planned for this year's camp. The date for camp is June 22nd through 26th.

We are EXCITED to announce that we are now an official 501(c)3 non-profit organization, therefore; our new name is Special Needs Camp of Kentucky, Inc. (SNCKI). With this brings many changes; all donations are now 100% tax-deductible. A donation form has been attached for your convenience.

Camp has always been free for campers and counselors to attend and it will continue to be free this year with the help of continued financial support. The cost of the camp is constantly increasing, each year. Expenses have gone from \$2,000 to fund camp 10 years ago to running over \$20,000 to support Camp 2019, please help us with this need. It takes a minimum of \$275 per camper just for them to be able to attend camp. If you know of any potential camp supporters (individuals or businesses) please get in touch with them to see if they would like to contribute to camp or even sponsor your camper. We gratefully appreciate your continued support.

A few things to consider when completing the application:

- Counselors must meet the age requirement for camp, 13 years of age.
- Counselors **MUST** include on their application **three** non-relative references which SNCKI officers will contact.
- Please ensure that **ALL** sections of the application are filled out completely. Incomplete applications will be denied.
- Applications are taken into consideration on a first-come-first-serve basis due to limited space.
- We **MUST** receive all applications by **May 1st, 2020** via mail delivery, email delivery, or hand delivery to 6255 E. Hwy. 60, Salt Lick, KY 40371, or Ralpa Harvey in Room 119 at Bath Co. High School.
- Acceptance or denial letters will be sent out to applicants the 2nd week of May. In addition, if you are accepted additional information will be needed and described in the acceptance letter.

If you have any questions, please contact us via any of the sources at the top of the letter!

Sincerely,

Katelyn Harvey

Katelyn Harvey, President

Special Needs Camp of Kentucky, Inc.

SPECIAL NEEDS CAMP
OF KENTUCKY inc. 
Special Needs Camp of Kentucky Inc.

PO BOX 875

Owingsville, KY 40360

(606) 336-0326

Email: Katie.SNCKI@gmail.com

Website: www.specialneeds-camp.org

Counselor Application Form
June 22nd - 26th, 2020
MUST BE RETURNED BY May 1st, 2020

Name of Counselor: _____ **Date of Birth:** ___/___/___

Street Address/P.O. Box: _____

City: _____ **State:** _____ **ZIP:** _____

Phone: (____) _____ **Gender:** _____ **Shirt Size:** _____

Email Address: _____

Parent/Guardian(s) Name: _____

Address (If Diff. From Above): _____

Phone (where they can be reached during camp hours):(____) _____

Emergency Contact: _____

Relationship to Volunteer: _____

Emergency Phone:(____) _____

Will Volunteer be providing their own transportation to and from camp: YES NO

If not, list who has permission to transport counselor other than parents/guardian/caregiver:

Please turn over to complete the rest of this application.