



# Troop Activity Request - TAR

This Troop Activity Request is required to be completed for the following:

- Annually for troop meetings (Complete residential form if meeting at a home)
- When troops want to participate in activities/outings outside of the regular meeting place
- Day Trips that include High Adventure Activities (Community Partners/Vendors must be on the approved vendor list)
- Day/Overnight trips that take place on GSC property or are hosted by GSC staff
- To attend/participate in an approved Camporee

**Please Note:** This form is NOT for any other types of overnights or travel (please complete the appropriate travel or overnight packets for those activities and submit to Customer Care.

Please submit this form (TAR) to your Community Safety Coordinator (CSC) for approval a minimum of **two weeks** prior to the date.

Please be sure to keep a copy of all your paperwork. Once the troop meeting/activity is approved by the CSC, they will send the approval email with the signed request back to the person that submitted the packet, along with their Volunteer Relations Manager (VRM). Troop meeting requests will only need to be submitted once per membership year unless there is a location change.

Troop Contact Name: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Troop#: \_\_\_\_\_ Community Name: \_\_\_\_\_

Please select the type of activity you would like to participate in: Type of Activity

Please select the type of location you will be in: Type of Location

**Troop Meetings:** Day/Date Range: \_\_\_\_\_ **Time:** From \_\_\_\_\_ to \_\_\_\_\_

**Activities:** Date: \_\_\_\_\_ **Time:** From \_\_\_\_\_ to \_\_\_\_\_

Location Information: Facility/Owner's Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Number of Participants: \_\_\_DY \_\_\_BR \_\_\_JR \_\_\_CD \_\_\_SR \_\_\_AMB \_\_\_Female Adults \_\_\_Male Adults

Please describe what activities you are participating in:

**Remember:** Troops must always have a certified First Aider anytime they travel outside of their meeting place

Troop First Aider Name: \_\_\_\_\_

Certification Expiration Date: \_\_\_\_\_

**Always be sure to have the following paperwork, forms, and supplies with you at all times :**

- |  |   |
|--|---|
| ➤ GSC Emergency Procedures   | ➤ General First Aid Kit and Log             |
| ➤ Completed Rosters  | ➤ Insurance Claim Forms                     |
| ➤ Parent Permission Forms  | ➤ Waivers if Applicable                     |
| ➤ Annual Health History Forms for all Adults and Girls, with Current Medications | ➤ Accident Reports                          |
|  | ➤ Current GSC COVID Guidelines and supplies |

As the responsible adult for this troop, I have checked all applicable guidelines according to the Safety Activity Checkpoints, Volunteer Essentials, and any other specific guidelines such as; COVID 19. I have verified that all adults/ girls are aware of the protocols and all girl/adult ratios have been met:

Volunteer Name Typed : \_\_\_\_\_ Contact Email: \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CSC Name: \_\_\_\_\_ CSC Signature: \_\_\_\_\_



# Participant Roster for All Activities

(Roster must be submitted with each Activity Request Form)

Troop Meeting  Event/Activity  Name of Event/Activity  Date:

**Please Note:** All Adult Participants must be registered members and approved volunteers. Please list all girls and adults below and complete all the information including: your designated First Aider, Outdoor Skills and/or any other trained volunteers that are attending. (Be sure to include their certifications when you submit this paperwork) Review Safety Activity Checkpoints for all guidelines

Participant's Name	Adult or Girl	DOB	Participant Contact Phone (Cell)	Emergency Contact Name	Relationship to participant	Emergency Contact Phone (cell)	Certifications FA/CPR, Outdoor, Lifeguard, etc.	Certification Expiration Date (if applicable)	Background Check Expiration Date



## Acknowledgement of Girl Scouts of Citrus Covid-19 Guidelines - Troop

This form is to be used when participating in any Girl Scout Troop activities, meetings, events, etc. that take place with girls and/or adults.

**Please note:** for troop meetings this form only needs to be submitted once per membership year unless there is a location change.

Volunteer: \_\_\_\_\_

Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Troop #'s for all troops you lead : \_\_\_\_\_

Community Name: \_\_\_\_\_

For troop meetings (only 1 per year) or  for any activity (each time)

Troop meeting/activity address: \_\_\_\_\_

Please acknowledge that you understand each of the statements below:

COVID-19 is an extremely contagious virus that spreads easily in the community. Each troop/family should weigh their participation based on their own as well as their family members health concerns. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Citrus takes every safety and preventative precaution, Girl Scouts of Citrus can in no way warrant or be held responsible that COVID-19 infection will not occur through participation in Girl Scout activities. \_\_\_\_Initial

I have read the current guidelines for resuming in-person activities from Girl Scouts of Citrus Council and I will take all reasonable precautions to limit exposure for girls, volunteers, and families, which will include following CDC, GSUSA, GSC and state health department guidelines. \_\_\_\_Initial

I will be sure to inform girls, volunteers, and families what measures have been put in place during our time together such as wiping down and disinfecting all high touch areas before, during and after activity. Wiping down supplies and other items and areas, spraying a disinfectant, the proper way to wash hands including how to shut off faucets, open doors, etc., using hand sanitizer, wearing masks, social distancing, and any other safety protocol including pre-screening forms and temperature checks. \_\_\_\_Initial

For any allowed in-person troop activities, including meetings the adult volunteers are responsible for assisting with and monitoring all social distancing guidelines and cleaning protocols. \_\_\_\_Initial

In the event of a positive COVID-19 test result within my troop, I will notify the parents/caregivers and others who may have been exposed. I understand girl and volunteer health information is confidential and I am not to share that with anyone outside of those exposed. \_\_\_\_Initial

Volunteer Name Printed/Typed : \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_