



Troop Meeting Request/General - TAR

This Troop Meeting Request/General TAR is required to be completed annually for troop meetings and when troops want to participate in a general day activity or outing that takes place outside of your regular meeting place.

Please Note: This form is NOT for any High Adventure/Risk Activities, Overnights or Travel.

Please submit this form (TAR) to your Community Safety Coordinator (CSC) for approval a minimum of **two weeks** prior to the date, for all Troop Meetings, Outings and General Day Activities.

Please be sure to keep a copy of all your paperwork. Once the troop meeting/activity is approved by the CSC, the person that submitted the request along with their Volunteer Relations Manager (VRM) will receive the approval email. 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:

Please select the type of location you will be in:

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

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	➤ Insurance Claim Forms
➤ Completed Rosters	➤ Waivers if Applicable
➤ Parent Permission Forms	➤ Accident Reports
➤ Annual Health History Forms for all Adults and Girls, with Current Medications	➤ 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 appved 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: _____