

Council approval needs to be granted for all troop/group overnight camping, trips further than 75 mile radius of your regular meeting place and trips lasting three nights or more.

Any time a Girl Scout activity involves chartering, borrowing, or renting a vehicle, council approval is also needed. Please complete Sections 1, 2, and 5.

Please note: Those attending council-sponsored day events do not need to submit the approval request.

To be completed by the troop leader and due to the Community Development Manager (CDM) **FOUR WEEKS** in advance of the trip. If clarification or guidance is needed at any point in the completion of this form, please contact your CDM. Once reviewed, your CDM will return a copy of the form to the troop leader.

Troop # _____ Service Unit # _____ Level (all that apply): ☐ D ☐ B ☐ J ☐ C ☐ S ☐ A ☐

Leader Name _____ Address (city and zip) _____

Phones (H) _____ (W) _____ (C) _____

Email (copy will be emailed unless there isn't an email available) _____

Section 1: Travel Readiness Checklist: I am aware of the following expectations and will prepare for the trip accordingly.

- ☐ The trip is program level appropriate, has clear purpose, and is understood by the girls and adults.
- ☐ The trip meets/will meet all appropriate program, health, safety and security standards and guidelines as found in Volunteer Essentials and Safety Activity Checkpoints. (Find both here)
- ☐ All permissions and forms have been/will be filed with the council.
- ☐ Travel arrangements have been/will be made in advance.
- ☐ Parental Permission will be given for each girl.
- ☐ Business and money matters are worked out.
- ☐ Members take responsibility for personal conduct and equipment.
- ☐ Everyone knows and observes good health and safety practices.
- ☐ Health history form for each participant is given to adults serving in supervisory roles.
- ☐ First Aid Kit and Council Emergency Procedures Cards are available.

Section 2: Type of Trip/Activity – Please include an itinerary on page 4 of this form.

Check all that apply: ☐ Further than a 75 mile radius ☐ Camping Overnight ☐ Nights or more (Refer to Section 3)

*Destination: _____ Primary Activity: _____

Departure Date/Time: ____/____/____ ____:____ ☐ AM ☐ PM Return Date/Time: ____/____/____ ____:____ ☐ AM ☐ PM

*Overnight Accommodation Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

***The site meets the following criteria:** ☐ It is a Girl Scout Council-owned/operated property. ☐ It is a facility that is open to the general public. ☐ Other: _____

PARTICIPANTS: Include a list of **ALL** participants on page 4 of this form. For all non-member participants: **State reason for their attendance.**

_____ Total number of registered girls	_____ Total number of non-member children (Refer to Section 3)
_____ Total number of registered adult females	_____ Total number of non-member adult females (Refer to Section 3)
_____ Total number of registered adult males*	_____ Total number of non-member adult males(Refer to Section 3)

*Males accompanying troop MUST have separate sleeping and restroom facilities for all overnights and camping.

****Section 3: Additional Insurance**

Additional insurance is required for any Girl Scout activity or trip that involves non-Girl Scout members or lasts longer than three days and two nights. Please complete the Additional Insurance Request Form (www.gssc-mm.org/volunteers and forms). The minimum premium is \$5.00. Submit form with payment(make checks payable to GSSC-MM) to one of the Girl Scout Service Centers no later than 3 working days prior to the first day of the trip/camping.

Section 4: Health and Safety

Back Home Emergency Contact – Be sure to supply this person with an up-to-date list of all participants and their home and emergency contact information. Emergency contact should also have a copy of the council's emergency procedures.

Name	Home Phone	Work Phone	Cell Phone

Required Adult Learning – For clarification on training required, contact your CDM or Volunteer Development Manager.

Training	Name	Date Completed
Co-Leader Certification or equivalent		
CPR/First Aid		
Appropriate Outdoor Training (review here)		

Activities Requiring Specialized Training/Certification or company providing instructors/supervision or program (Horseback riding/grooming, archery, canoeing, rafting, boating, life guarding, guides, outfitters, rental agency, etc.) Refer to Safety Activity Checkpoints for each activity. (www.gssc-mm.org/volunteers and look under manuals/resources)

Activity	Company Name	Name	Address	Phone	Certification and Expiration

Section 5: Transportation

FIFTEEN-PASSENGER VANS MUST NOT BE USED TO TRANSPORT GIRLS OR ADULTS.

Type of Transportation:

☐ Private vehicle* ☐ Public transportation (train, plane, bus) ☐ Borrowed vehicles ☐ Chartered/rented vehicle

*I will have a completed Volunteer Driver Application form from each adult who will be driving private vehicles on the trip. I understand that these forms are to remain with the adult in charge of the trip.

If chartering, renting or borrowing a vehicle:

- The company/church needs to provide the council with a copy of their certificate of liability insurance that shows there is at least \$1,000,000 coverage on the vehicle. The certificate of liability MUST accompany this form or already be on file with the council.
- If renting or chartering a vehicle, a copy of the contract agreement or copy of the contract agreement you/we will be expected to sign MUST accompany this form.
NOTE: If your Trip/Travel or Camping Request Form has been filled completely out and filed, and the council representative has signed a copy of the vehicle rental/charter agreement, the vehicle will be covered by the business auto insurance of the Girl Scouts of South Carolina – Mountains to Midlands. If not, the borrower/renter must purchase additional insurance from the leaser or their individual insurance will be liable.
- Contact your CDM for clarification regarding vehicle usage as it applies to this trip.

Please supply the following information:

Name of organization/rental company: _____

Company address: _____

Name of contact person: _____ Phone: _____

Vehicle information: Year: _____ Make: _____ Model: _____ Passenger Capacity: _____

Insurance Information: Is vehicle insured for outside group travel? Yes No

Name of Insurance Carrier: _____ Policy # _____

Limits of liability carried: _____

Is company/organization providing a driver? ☐ Yes ☐ No

Section 6: Verification

I have read the appropriate content in Volunteer Essentials and the Safety Activity Checkpoints appropriate to the trip/camping and have followed/will follow the appropriate safety standards and guidelines in developing this trip. I understand that this trip may not be approved if all trip planning procedures and safety standards and guidelines have not been met. I understand that if the council does not approve an activity, my troop may not travel as a Girl Scout Troop/Group, utilize troop funds or qualify for Girl Scout insurance coverage.

Troop Leader's Signature

Date

For Girl Scout Council Use Only.

Date Application Received: _____

☐ Approved ☐ Not approved*

*Reason: _____

Date Troop Leader notified _____ By (Mail/Email) _____

Community Development Manager: _____ Date: _____

Participant List and Itinerary

Troop # _____ Service Unit # _____ Level (all that apply) ☐ D ☐ B ☐ J ☐ C ☐ S ☐ A

Leader Name _____ Phone number while on trip _____

Back Home Emergency Contact Name_____

Phones _____ (H) _____ (W) _____ (C)

List ALL Participants, including all registered and non-registered girls and adults.

PLEASE PROVIDE UPDATES TO THIS LIST TO YOUR BACK HOME EMERGENCY CONTACT AND E-MAIL UPDATES TO YOUR CDM. *Mark those who are your approved volunteer drivers below.

[illegible]

Trip Itinerary: Please provide dates and times for your trip activities in the space below or attach an additional page.