

Medium-High Risk – Activity Approval Form

It is essential that the council be consulted if the proposed activity demands more physical prowess, emotional stamina, and/or greater skill in order to bring the best possible experience to the girls. This form is required for the following activities:

- Overnight stays of 3 nights or more. Upon approval of your request, you will receive an Extended Trip Packet.
- This activity requires a signed contract – all contracts must be signed by the Chief Operating Officer.
- This activity includes travel outside of council geography to non-council hosted activities.
- This activity requires specific certified instruction: e.g. Equestrian, Archery, Lifeguard, Kayaking and Canoeing only if these activities are **not** planned with camp reservation at council sites.

Before completing this form, please:

- Check Volunteer Essentials or Policies and Procedures for information regarding planning and girl to adult ratios, and check Safety Activity Checkpoints for the equipment & certifications needed for the types of activities involved.

Please make sure you submit the following with your Activity Approval form:

- **Provide CPR/FIRST AID Documentation*:** Each Troop must have a CPR/First Aid trained adult accompany them. Upon submittal of this form, please provide a copy of the CPR and First Aid certification.
- **Provide Name of troop camp trained Adult(s):** If this activity involves camping, your troop must have the appropriate number of volunteers who have completed troop camp training. Please include the name(s) of your troop camp trained adult(s) on the Activity Approval form. For questions concerning troop camp training, please ask your GSGMS Support representative.
- **Provide Activity Certification:** If Volunteer Essentials or Safety Activity Checkpoints require that certified individuals guide or instruct the girls (such as horseback riding, archery, kayaking, canoeing, swimming, and white-water rafting), please list the names of the individuals holding the certifications, their titles, and the organization that they are affiliated with. Attach copies for review. If attending an established camp/organization, ask them for a list of their certified individuals, type of certification, expiration date of certification, and name of certifying agency.
- **Verify Transportation:** Check Drivers Licenses, Insurance Cards and Proof of Current Vehicle registration. Activity Coordinator should ask to see current proof, copies should not be attached. Individuals operating motor vehicles transporting girls must be registered adults, at least 18 years of age, and be properly licensed and insured to operate the vehicle, and must have an appropriate Volunteer Security Status.
- Listed Emergency Contact Adults should not be attending activity. Emergency Contact Adults should have a participant roster and the participant's emergency contact information.
- If contract is required, please attach the contract for review and signature.

When completed:

- Have this form signed by a membership specialist. Send to CustomerCare@GSGMS.org. **Be advised that additional information may be requested depending on the nature of your request.**
- A copy of this form should be part of the travel packet that goes in each vehicle and with the troop at the activity site.

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This form needs to be filled out for the following reasons:

- This is a money earning activity.
- This is an overnight activity of 3 or more nights or outside the council geographic region.
- This activity involves a subject that may be considered sensitive or controversial in nature.

Approval forms are due at least 6 weeks before the scheduled activity. Within 5 business days of your request, you will be notified of the status of your request. This form must be approved before girls proceed with further planning. **All participants must be registered Girl Scouts members.**

Participant Information	Date:		GS SU#		GS Troop #		
	Name of Troop Leader of Adult in Charge						
	Home Phone			Cell Phone		Email	
	# Daisy Participants		# Brownie Participants		# Junior Participants	# Cadette Participants	Total # Girls
	# Senior Participants		# Ambassador Participants		# Female Adult Participants	# Male Adult Participants	Total # Adults
Activity Information	Start Date		Start Time		End Date		
	End Time						
	Activity Description/Purpose						
	Activity Location/Traveling to and Physical Address						
	Sleep Accommodations (cabins, hotel, pop-up tent, etc)						
	What have you done to safely prepare for this activity?						
Is this activity listed in the Safety Activity Checkpoints? If so, where?							
Certified Adults Providing Activity	Please print name of Certified Adult/Title/Organizational Affiliation			Type of Certification (please attach copy)		Exp Date	
Transportation	Type of transportation: <input type="checkbox"/> Personal vehicle <input type="checkbox"/> Rented Vehicle <input type="checkbox"/> Plane <input type="checkbox"/> Train <input type="checkbox"/> Chartered Bus <input type="checkbox"/> Public Transportation <input type="checkbox"/> Other- _____						
	If driving a personal vehicle please initial the statement below. The use of a 15 passenger van to transport Girl Scouts is prohibited and 12 passenger vans are NOT recommended. If a 12 passenger van is used, the occupant load should be a maximum of 9 passengers. All drivers must be registered GS members and have successfully completed the Volunteer Application/CBC process. Please initial the following statement: _____ (Adult in Charge) has verified that all drivers and vehicles are registered and insured according to local and state requirements.						
At Home Emergency Contact Adult Name				Home Phone:		Cell Phone:	
I have read the policies for this activity found in Volunteer Essentials, the Safety Activity Checkpoints and the GSGMS Volunteer Polices & Procedures. In submitting this form I agree that if permission is granted for this activity, I will follow the policies and guidelines of Girl Scouts of the USA and the Girl Scouts of Greater Mississippi.							
Signature of Troop Leader or Adult in Charge:					Date:		
For Activity Approval			Date Recd:		<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved		
If not approved, what is the reason?							
Approver – Print Name:			Approver Signature:			Date Notified:	
Next Steps/Recommendations/Comments:							