girl scouts of eastern missouri

Girl Scouts of Eastern Missouri
2300 Ball Drive
St. Louis, MO 63146
314.592.2300 • 800.727.4475
www.girlscoutsem.org

APPLICATION FOR ALL CAMPING ON NON-COUNCIL OWNED SITES

IS YOUR GROUP ELIGIBLE FOR A NON-COUNCIL OWNED SITE CAMPING TRIP?

☐ Yes, we are registered as a Girl Scout Troop**. (REQUIRED)** See *Safety Activity Checkpoints* and *Volunteer Essentials* for more information.

- Girl Scout Daisy troops may participate in an occasional overnight camping experience with a registered adult leader and a parent/guardian for each Girl Scout Daisy.
- Girl Scout Brownie and Junior troops are limited to trips of no more than two nights and three days.
- Girl Scout Cadette, Senior and Ambassador troops may take extended trips.
- All adults attending camping activity must be registered Girl Scouts and completed the volunteer approval process, including background check, prior to participation.

☐ This is a troop camping experience of less than one week in duration that takes place within, or no more than 100 miles beyond GSEM boundaries. (If the trip is more than 100 miles beyond GSEM boundaries, please use the Troop Trip Application process.)

APPLICATION PROCEDURE:

1. Application must be submitted at least **ONE** month prior to camp trip date.

2. A camp certified adult must accompany the group. Please submit copies of the certification with the application. Certifications accepted include: (See Spring 2012 *Course Catalog* for more information)
   a. Troop Camp A
   b. Troop Camp B
   c. Troop Camp A – Z
   d. Troop Camp Fast Track
   e. Troop Camp Fundamentals
   f. Troop Camp Mentor
   g. A GSEM training equivalency waiver

3. A certified First Aider must accompany the group. Please submit copies of the certification with the application.
   - **Please note**: Regardless of the program level of the troop a volunteer is working with, to be a First Aider – an individual must have **both** First Aid **and Adult & Child** CPR/AED from one of the nationally recognized organization listed in *Volunteer Essentials.* These certifications can not be split up between the adults attending the activity.
   - The following health care providers may also serve as a first aider for Girl Scout groups. A copy of the individual's license and Child & Adult CPR/AED is required with the application:
     - Physician
     - Physician Assistant
     - Nurse Practitioner
     - Registered Nurse
     - Licensed Practical Nurse
     - Paramedic
     - Military Medic
     - Emergency Medical Technician

4. Applications must be submitted **with** your Neighborhood Chair's signature. **(REQUIRED FOR APPROVAL)**

5. Keep a copy of the C-9a for your records and mail the original **with copies of certifications** to:
   Girl Scouts of Eastern Missouri
   Attn: Director, Camping Services & Facilities
   2300 Ball Drive
   St. Louis MO 63146

6. After the Camp Department has received your application, you will receive a NON-COUNCIL OWNED CAMP APPROVAL RESPONSE indicating the status of the trip approval.

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Date Submitted _____ Troop # _____ District _____ Neighborhood _____ Program Level _____

TRIP LEADER_____

Phone_____ Cell phone_____

Address_____

City/Zip_____

E-mail address_____

CAMPING TRIP: Date of Departure_____ Date of Return_____

Destination _____City and State_____

Owner/operator of camping trip destination_____

Attach written permission from owner if camping on private property.

# of girls registered in troop_____ #of girls going _____Ages _____ # of Adults going_____

PURPOSE OF TRIP:_____

PLANNING: What part have the girls played?_____

Parents? _____ Have you informed the parents and obtained their support?_____

Racial Ethnic Background: The following information is requested only to measure progress toward serving all girls and adults in our jurisdiction. Please indicate total number in each category:

GIRLS: ___White ___Black ___Asian/Pacific Islander ___American Indian/Alaskan Native ___# ALSO Spanish/Hispanic origin

ADULTS: ___White ___Black ___ Asian/Pacific Islander ___American Indian/Alaskan Native ___# ALSO Spanish/Hispanic origin

CAMP ACTIVITIES: Check those activities in which you expect to participate:

☐ Swimming ☐ Boating ☐ Pressurized Fuel ☐ Other

ADULTS: Complete where applicable:

a. Certified First Aider **(Copy of First Aid, Adult CPR/AED and Child CPR/AED certifications required for processing**)

Name:_____

Address: _____ City, Zip: _____

Expiration date of certification: Adult CPR/AED _____ Child CPR/AED_____ First Aid_____

b. Camp Certified Adult **(Copy of certification required for processing**)

Name: _____Address _____

City, Zip _____

Type of Certification:

☐ Troop Camp A ☐ Troop Camp B ☐ Troop Camp A – Z ☐ Troop Camp Fast Track

☐ Troop Camp Fundamentals ☐ Troop Camp Mentor ☐ Copy of GSEM training waiver

c. Lifeguard **(Copy of certification required for swimming & boating if site does not provide personnel as required by *Safety Activity Checkpoints*)**

Name: _____Address: _____

City/Zip:_____

d. Certified Pressurized Fuel User **(Copy of certification required if using pressurized fuel):**

Name:_____ Address: _____

City, Zip: _____

Date of Certification: _____

e. Certified Small Craft Safety Personnel **(Copy of certification required for boating if site does not provide personnel as required by *Safety Activity Checkpoints*)**

Name:_____ Address:_____

City/Zip:_____

f. Other Adults (list names and addresses)_____

_____

_____

7. Name and phone number of nearest hospital/clinic _____

Applicable emergency (ambulance, police/sheriff) phone numbers (911 service or local numbers) _____

8. **TRANSPORTATION:** (See *Volunteer Essentials and Position Papers*) Bus____ Car _____ Van_____

Other_____ If Van, #passengers_____

If commercial vehicle: Company name:_____

Address_____

Required: Chartered buses must meet Public Service Commission regulations and a contract or agreement must be approved by the Council prior to your trip.

9. **HEALTH FORMS/EXAMINATIONS:** Refer to *Volunteer Essentials & Safety Activity Checkpoints)*

10. **INSURANCE:** Refer to *Volunteer Essentials* and *Safety Activity Checkpoints.* The basic coverage plan only covers girls participating in an approved Girl Scout activity lasting two consecutive nights or less. A third consecutive night is covered when one of the nights is a federal holiday, such as Memorial Day or Labor Day. **SPECIAL NOTE: FOR APPROVED GIRL SCOUT ACTIVITIES LASTING MORE THAN TWO NIGHTS, THREE NIGHTS WHEN ONE IS A FEDERAL HOLIDAY, THE EVENT IS EXCLUDED FROM THE BASIC PLAN. THIS INCLUDES TRAVEL TO AND FROM THE GIRL SCOUT APPROVED ACTIVITY. OPTIONAL PLANS CAN BE ARRANGED BY CALLING THE INSURANCE SPECIALIST AT THE GIRL SCOUT SERVICE CENTER.**

11. **ACCOMMODATIONS:** List overnight stop(s) and final destination for trips of more than 2 nights (attach separate sheet if necessary). _____

12. **CONTACT PERSON:** Person at home to be contacted in case of emergency & available during entire time of trip:

Name_____

Home Phone _____Work Phone _____

Cell Phone/Beeper_____

Address_____City/Zip:_____

13. District or Neighborhood Chair Name (PRINT) _____

District or Neighborhood Chair Signature _____Date _____

Address_____City/Zip_____Phone_____

NEIGHBORHOOD CHAIR'S COMMENTS: I have reviewed this application and endorse the plans with the following comments:

_____

14. Trip Leader's Signature_____ Date_____

15. **LEADER:** Keep a copy and mail original with certification copies to:

Girl Scouts of Eastern Missouri
Attn: Director, Camping Services & Facilities
2300 Ball Drive
St. Louis MO 63146

JLM 5/4/2012 (rev.) C-9A