



Trip and High Risk Activity Application

Complete sections 1, 2, 3 and 4 for **all** high risk activities and trips outside your community. Then determine if you need to complete any additional sections for your trip and/or activity and submit the form to GSSN within the appropriate timeframe. Please x out the sections not required and submit the application in its entirety.

Type/Length of Activity or Trip	Submit to Council	Sections to Complete
High risk activity (as determined by definition)	30 days prior	Sections 1, 2, 3, 4
Parade	30 days prior	Sections 1, 2, 3, 4
Day trip (outside of Council boundaries or three hours from regular meeting place within council boundaries, but not overnight)	30 days prior	Sections 1, 2, 3, 4
Overnight	30 days prior	Sections 1, 2, 3, 4, 5
Tent camping	30 Days prior	Sections 1, 2, 3, 4, 5
Overnight more than five nights	6 months prior	Sections 1, 2, 3, 4, 5, 6
Overnight out of state or including air travel	6 months prior	Sections 1, 2, 3, 4, 5, 6
International travel	6-12 months prior	Sections 1, 2, 3, 4, 5, 6

Section 1: Troop Information

Service Unit #: _____ Troop#: _____ Level (please circle): D B J C S A

Troop Leader: _____ Date(s) of travel: ___ / ___ / -- / ___ / ___

Address: _____ City/State: _____ Zip: _____

Phone: _____ E-mail: _____

of registered girls: _____ # of registered adults: _____ #of tag-a-longs: _____

What is the purpose of this activity/trip? _____

How are the girls and parents involved in planning this trip? _____

Does Safety Activity Checkpoints require a health exam from the girls? _____

Are you in possession of health exam forms, if required? _____

Check the boxes if you or another volunteer have completed the following requirements:

- A travel roster of all participants who are traveling or attending the event is attached to this application.
 - All adult participants have completed GSSN's background screening.
 - All adults attending are registered members.
 - Parent permission slips and health history forms are complete and will be in possession of the leader at all times during the trip/activity.
 - Appropriate adult to girl ratios are met.
 - At least one adult has participated in all required training(s).
 - All girls and adults have identification cards.
 - Additional insurance has been purchased for members and non-members, if necessary.
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Volunteer Agreement- Please initial by each statement acknowledging that you understand your role and responsibilities during a Girl Scout trip and/or high risk activity.

____ GSUSA Safety Activity Checkpoints, GSSN Volunteer Policies and Procedures and Volunteer Essentials have been reviewed and will be adhered to during the trip and/or activity.

____ I have certified that all adult participants are able to perform in their capacities, have passed their GSSN background screening and are registered adult members.

____ All drivers are properly licensed and all vehicles are registered, insured, maintained and have a seatbelt for each passenger.

____ The appropriate permission forms have been attained for each girl, including a current health history form.

____ I pledge that our troop/group will conduct ourselves at all times in an appropriate manner, follow the Girl Scout Promise and Law and be positive representatives for the Girl Scouts of the Sierra Nevada at all times.

____ I understand providing misinformation or incomplete information could result in the trip not being covered by Girl Scout activity insurance and may incur personal financial responsibility.

Section 2: Activity Information

Destination: _____ Departure date: _____

Destination address: _____ Return date: _____

Planned activities: _____

Nearest hospital/urgent care facility: _____ Facility phone#: _____

High Risk Activities (please list all): _____

Do you purchase additional insurance, if needed? Yes No

The adults listed below have completed the trainings/workshops required for this trip/activity and are able to perform in their capacities:

- Please verify what is required in Safety Activity Checkpoints. Attach copy of certification (i.e. CPR Certification) if training not completed at GSSN.
- Ensure a first-aid kit is available at all times and which adult will be in possession of it during the trip/activity.

Name	Certification/GSSN Trainings (CPR/First-Aid, Trip Training etc.)	Expiration (if applicable)

Section 3: Transportation

Please specify how many girls are being transported in each mode of transportation below:

Girls transported by own parent: _____ Girls transported by other parent/carpool: _____

Leased/rented vehicle: _____ Company: _____

Bus: _____ Company: _____

Train: _____ Company: _____

Airplane: _____ Airline: _____ Flight #: _____

Depart: _____ Arrive: _____

Watercraft: _____ Cruise line: _____

Any contract containing a "hold harmless" agreement (Participation Agreement) for the use of a facility or event participation must be approved and signed by the CEO or council designee.

Please list the following information on the vehicles that will be used:

Make/Model of Vehicle	Year	Color	License Plate	State Registration	Registered Owner of Vehicle

Please list the following information of drivers and relief drivers:

Name of Driver/Relief Driver	Drivers License #	State	Age	GSSN Background Check Complete

Section 4: Emergency Contact Information

Please list **two** designated emergency contacts on the trip and **one** that will not be attending the trip:

Name: _____ Phone: _____ Attending trip/activity: Yes No

Name: _____ Phone: _____ Attending trip/activity: Yes No

Name: _____ Phone: _____ Attending trip/activity: Yes No

Section 5: Trip Information

Time and date of departure: _____

Time and date of return: _____

- Trip Itinerary is attached.
- A map and/or schedule of your travel route and major stopping points, dates and times are attached.

Section 6: Money

All extended trips, overnights more than 3 days and/or out of council or country trips must include a detailed budget including projected expenses and all sources of income. Final event records with actual income/expenses must be included with your end of the year troop financial report.

- Trip budget is attached.

Leader Signature: _____ Date: _____

Co-leader Signature: _____ Date: _____

For Council use only:

Date Received: _____ Approved: Yes No If not approved, reason(s): _____

Date of Notification: _____ Next steps/Recommendations: _____

GSSN Representative: _____