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.

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

1
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.

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.

<table>
<thead>
<tr>
<th>Name</th>
<th>Certification/GSSN Trainings (CPR/First-Aid, Trip Training etc.)</th>
<th>Expiration (if applicable)</th>
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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:

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<tr>
<th>Make/Model of Vehicle</th>
<th>Year</th>
<th>Color</th>
<th>License Plate</th>
<th>State Registration</th>
<th>Registered Owner of Vehicle</th>
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Please list the following information of drivers and relief drivers:

<table>
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<tr>
<th>Name of Driver/Relief Driver</th>
<th>Drivers License #</th>
<th>State</th>
<th>Age</th>
<th>GSSN Background Check Complete</th>
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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: ___________________________