

## GSNI-M Caregiver Packet

Girl Registration Fee \$35: \$25 GSUSA fee + \$10 Council (GSNI-M) Service Fee			Troop # _____	Troop Dues _____
Leader's Name _____	Phone _____	Email _____		
Leader's Name _____	Phone _____	Email _____		
Meeting Location Address _____				
Frequency _____	Date _____	Time _____		

### Communication

Here's how we'll communicate with you:

Here's the best way to reach us:

Leader name:	Best contact method:
Unavailable during these times:	
Leader name:	Best contact method:
Unavailable during these times:	

### Volunteer Toolkit (VTK)

You can follow our troop year plan online by logging into the "MyGS" area of the GSNI-M website, [www.girlscoutsnorthernindiana-michiana.org](http://www.girlscoutsnorthernindiana-michiana.org). Once you register your daughter with the troop, you will receive an email with login information.

## Girl Scout Mission

Girl Scouting builds girls of courage, confidence, and character, who make the world a better place.

## Girl Scout Outcomes

**Strong Sense of Self** - Girls have confidence in themselves and their abilities, and form positive identities.

**Positive Values** - Girls act ethically, honestly, and responsibly, and show concern for others.

**Challenge Seeking** - Girls take appropriate risks, try things even if they might fail, and learn from mistakes.

**Healthy Relationships** - Girls develop and maintain healthy relationships by communicating their feelings directly and resolving conflicts constructively.

**Community Problem Solving** - Girls desire to contribute to the world in purposeful and meaningful ways, learn how to identify problems in the community, and create “action plans” to solve them.

### Girl Scout Promise

*On my honor, I will try:*

To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law



### Girl Scout Law

*I will do my best to be*

honest and fair,  
friendly and helpful,  
considerate and caring,  
courageous and strong, and  
responsible for what I say and do,

*and to*

respect myself and others,  
respect authority,  
use resources wisely,  
make the world a better place, and  
be a sister to every Girl Scout.

## Girl Scout Program

The Girl Scout program is based on the Girl Scout Leadership Experience. Through fun activities, girls will **Discover** things about themselves while discovering the world around them, **Connect** with others, and **Take Action** within their communities, both local and globally. We provide activities that are **Girl Led**, provide **Learning by Doing** and **Cooperative Learning** experiences.

## What Makes a Girl Scout Troop?

Each troop needs:

- ★ Minimum 2 unrelated, registered and background checked volunteers (at least one of whom is female)
- ★ Minimum 5 girls
- ★ Additional volunteers as required based on the ratios below

## Girl: Adult Ratios

★ safety is priority #1! ★

	Troop Meetings		Events & Field Trips/ Travel	
	2 unrelated adults (at least 1 female) for this many girls:	Plus 1 add adult for each add this many girls:	2 unrelated adults (at least 1 female) for this many girls:	Plus 1 add adult for each add this many girls:
Daisy (K-1)	12	6	6	4
Brownie (2-3)	20	8	12	6
Junior (4-5)	25	10	16	8
Cadette (6-8)	25	12	20	10
Senior (9-10)	30	15	24	12
Ambassador (11-12)	30	15	24	12

## Typical Troop Meeting

Opening – business, announcements, etc.  
Snack (if after school or needed)

Activity Time  
Closing/ Cleanup

### Activity Time:

A variety of activities can be completed at meetings such as: working on badges/ journeys, planning trips, planning and completing community service projects, honing social skills, and more!

***Not all meeting time is spent on badge work. Please do NOT expect badges to be earned at every meeting! Some troops prefer to work more on community service and other activities rather than badges. A typical badge takes approximately 2 meetings to complete but can have outside activities added to supplement, lengthening completion time.***

## Girl Scout Badges & other Awards

During your Girl Scout's adventure, she will earn various badges, journeys, and other awards. The Girl Scout Leadership Experience is about keeping it Girl-Led; the girls will have input into which awards, journeys and badges they would like to earn.

**Badges:** consist of either 3 or 5 goals to earn

**Journeys:** 6 to 8 requirements to earn

**Fun Patches:** "earned" through special activities or field trips

## Meeting Attendance

We ask for your cooperation in making sure that girls are on time for meetings, field trips, and other activities. Late members miss out on important information as well as become a distraction. Please pick up promptly when meetings are over. It can be upsetting for all involved when you are late! Is someone else picking up your child? Please let us know!

## Cancelling Meetings

Meetings are usually cancelled if school is cancelled. We'll communicate cancelled meetings but feel free to reach out if you haven't heard from us and the weather is turning nasty.

## Troop Funds/ Family Expenses

### Troop Dues

Dues help to cover the cost of meeting supplies, snacks, badges, and other troop expenses. Once we have sold Fall Product and Cookies, we may not need to charge troop dues in future years, depending on our activities.

### Fall Product and Cookie Program

Girl Scouts can participate in two product programs each year. Each girl must submit a Product Program Permission Slip, signed by a caregiver, before selling. Both Programs are a great way for our troop to earn money to help pay for badges, meeting supplies, and other activities that the troop might want to do, such as field trips.

- The Fall Product Program begins in early October/ late September
- The Cookie Program begins in early January
- In addition to troop profit, girls can earn individual prizes and Girl Scout credit, which can be used to help pay for events, camp, Girl Scout merchandise, and Registration fees

## Uniforms

Uniforms are a great way for your daughter to proudly display badges earned! Uniforms consist of a vest or sash, which include different colors for different age levels, and a white top and khaki pants or skirt. Your girl may wear her own top and pants/skirt or you may purchase them through the GSNI-M Shop, along with vests/sashes. Uniforms are not required.

## Ways to Help

### Troop Treasurer:

Registered and background checked adult. The Treasurer is responsible for maintaining and reporting troop funds.

### Troop Product Program Coordinator:

Registered and background checked adult. The Product Program Coordinator oversees the Fall Product and Cookie Programs.

### Troop Committee Volunteer:

Adults that help with a variety of activities such as: chaperoning and/or driving for field trips, assisting at meetings, and other tasks that involve working directly with troop members and/ or troop funds and Product.

### Family Caregivers:

Family members who do not wish to register as a Girl Scout member can still assist the troop with activities such as: organizing a troop newsletter or social media site, manage a phone or email distribution list, coordinating snack, etc. Essentially, family members can help with activities that do not require a supervisory role of girls or troop funds/ Product.



**We're a Girl Scout Family...  
you should be too!**

Family members who choose not to register with Girl Scouts **CANNOT**:

- \*Supervise, drive, or chaperone troop members
- \*Manage troop product sales or troop funds
- \*Be a troop first aider or other trained adult (such as an outdoor facilitator)

*For the safety of our girls, caregivers cannot stay at troop meetings without registering and obtaining a Council-approved criminal background check. Unregistered adults do not count toward girl/adult ratios.*

## Supplies:

Our troop could really use some supplies. Many common items you may have just sitting around at home! Currently, we could really use these items:

## Hobbies/ Skills:

You may have skills or hobbies that could really benefit the troop! Take time to fill out and submit back to us the Ways Adults Can Help sheet.

## Questions

Please contact us with any questions. You can always feel free to contact the Girl Scout office too.

Girl Scouts of Northern Indiana-Michiana (GSNI-M)

800-283-4812; 260-422-3417

[www.gsnim.org](http://www.gsnim.org)

[frontdesk@gsnim.org](mailto:frontdesk@gsnim.org)

Northern Indiana Service Center:  
10008 Dupont Circle Drive East  
Fort Wayne, IN 46825

Michiana Service Center:  
1218 E University Drive  
Granger, IN 46530



# Girl Code of Conduct Agreement

This Code of Conduct is to be signed by both the girl and the caregiver and is, therefore, binding by both.

## Girl Scout Promise

On my honor, I will try:  
To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law.

## Girl Scout Law

I will do my best to be  
honest and fair,  
friendly and helpful,  
considerate and caring,  
courageous and strong,  
and responsible for what I say and do,  
and to  
respect myself and others,  
respect authority,  
use resources wisely,  
make the world a better place,  
and be a sister to every Girl Scout.

1. I will follow the Girl Scout Promise and Law.
2. I will follow the rules that are made to protect others and myself.
3. I will be kind and not bully my sister Girl Scouts, treating others as I would want to be treated.
4. I will listen carefully to all instructions given by the Girl Scout Leaders.
5. I will not argue with my leaders or call them names.
6. I will not use language that is bad or inappropriate.
7. My troop has also agreed on this rule: \_\_\_\_\_

### Failure to follow my troop's Code of Conduct will result in the following actions:

- First Offense – review of the Girl Scout Law and Promise. Apology, if needed.
- Second Offense – review of the Girl Scout Law and Promise. Apology, if needed. Parent/ caretaker will be informed of my behavior.
- Third Offense – review of the Girl Scout Law and Promise with my parent/ caretaker and me together. A discussion will be held between my parent/ caretaker and my leader regarding possible requirements of my parent/ caretaker needing to attend all meetings and events with me.

Girl Scout Signature \_\_\_\_\_ Date \_\_\_\_\_

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Troop Leader Signature \_\_\_\_\_ Date \_\_\_\_\_

# Adult Code of Conduct Agreement

This Code of Conduct is to be signed by both the leader and the caregiver and is, therefore, binding by both.

## Girl Scout Promise

On my honor, I will try:  
To serve God and my country,  
To help people at all times,  
And to live by the Girl Scout Law.

## Girl Scout Law

I will do my best to be  
honest and fair,  
friendly and helpful,  
considerate and caring,  
courageous and strong,  
and responsible for what I say and do,  
and to  
respect myself and others,  
respect authority,  
use resources wisely,  
make the world a better place,  
and be a sister to every Girl Scout.

1. I will follow the principles of the Girl Scout Promise and Law as listed on this Code of Conduct while in the presence of Girl Scout members.
2. I will comply with GSNI-M and GSUSA policies and procedures.
3. I will devote ample time and effort to help my daughter achieve a positive Girl Scout experience.
4. I will treat my daughter's Girl Scout leaders with respect while being considerate of their volunteer and personal time.
5. I will behave in a professional manner when communicating with Girl Scout staff, volunteers and troop members.
6. I will not bully or abuse any Girl Scout members directly or through social media.
7. I will follow all instructions appropriately and respond in a timely manner to requests shared by the Girl Scout Leaders.
8. I will act and dress appropriately during all Girl Scout Troop/Event activities.

**I have read and understand the responsibilities of a Girl Scout caregiver as noted above and agree to carry them out to the best of my ability. I understand that girls are the focus of the Girl Scout program and that it takes many caring adults to make my daughter's Girl Scout experience the best it can be.**

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Caregiver Signature \_\_\_\_\_ Date \_\_\_\_\_

Troop Leader Signature \_\_\_\_\_ Date \_\_\_\_\_



## Girl Health History

*This health history record/consent for emergency medical treatment form should be completed by a Girl Scout caregiver and returned to the troop leader. The troop leader will keep this form with the troop's permanent files. For each additional Girl Scout year please have caregivers review and make the necessary updates, initial and date the last page of the form. Please complete a new form if there are numerous or important changes.*

Girl Scout's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone \_\_\_\_\_ School \_\_\_\_\_ Troop # \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Caregiver #1 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Caregiver #2 \_\_\_\_\_ Daytime Phone \_\_\_\_\_

*If a caregiver cannot be reached, person (adult) to notify in an emergency*

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

### *Physician/Insurance Information*

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family dentist/orthodontist \_\_\_\_\_ Phone \_\_\_\_\_

Family medical/hospital insurance carrier \_\_\_\_\_

Policy or Group number \_\_\_\_\_

### **Part I: Illness and injuries (check all that apply)**

- |   |  |                                       |                                   |
|---|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Ear infection        | <input type="checkbox"/> Bleeding/clotting disorders | <input type="checkbox"/> Hypertension | <input type="checkbox"/> Asthma   |
| <input type="checkbox"/> Heart defect/disease | <input type="checkbox"/> Musculoskeletal disorders   | <input type="checkbox"/> Seizures     | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Hypoglycemia         | <input type="checkbox"/> Other:                      |                                       |                                   |

Date of last health examination: \_\_\_\_\_

What, if any, complicating medical problems were noted?

\_\_\_\_\_

**Part II. Allergies (check all that apply and specify the nature of the allergy)**

- Hay Fever/Pollen: \_\_\_\_\_  Insect Stings: \_\_\_\_\_  
 Food: \_\_\_\_\_  Plants: \_\_\_\_\_  
 Medicine/Drugs: \_\_\_\_\_  Other: \_\_\_\_\_

**Part III. Other Health Conditions (check all that apply)**

- Bedwetting  Constipation  Fainting  Hearing Impairment  Menstrual Cramps  
 Motion sickness  Nosebleeds  Sickle Cell trait/disease  Special Diet regimen  
 Sleep disturbances  Glasses or contacts  ADD & ADHD  Other:

If you checked any of the above, please explain any details we should know:

**Part IV. Immunization History**

	Years primary series completed	Year of last booster
DTP/DTaP	_____	_____
TD (tetanus/diphtheria)	_____	_____
Measles	_____	_____
Mumps	_____	_____
Rubella/German measles	_____	_____
Hib	_____	_____
Tuberculin Test, most recent:	_____	_____
Other	_____	_____

**Part V. Current Medications**

- This person  takes **NO** medications on a routine basis  
 Takes prescription/over-the-counter medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken \_\_\_\_\_ Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken \_\_\_\_\_ Reason for taking \_\_\_\_\_

*Attach additional pages for more medications or additional medication information.*

**Consent for Emergency Medical Treatment**

I/we do hereby state that I/we are the parent/ legal caretaker of the above-named minor. In case of my/our unavailability, I/we authorize the Girl Scout leader or adult in charge to consent to any necessary health care including: examination, medical diagnosis, anesthetic, surgery, or other treatment, and/or hospital care to be rendered to the above mentioned minor under the supervision of and/or advice of a licensed physician.

Caretaker Signature \_\_\_\_\_ Date \_\_\_\_\_

Caretaker Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use this area to further explain any items checked and provide any information that would be useful to the adult(s) in charge. Please also tell us about any activities that should be encouraged or restricted.

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Caretaker initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_

Caretaker initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_

Caretaker initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_

Caretaker initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_

Caretaker initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_



# Adult Health History

*This health history record/consent for emergency medical treatment form should be completed by any adult participating in troop activities and returned to the troop leader in an envelope with adult's name written on outside. The troop leader will keep this form with the troop's permanent files. For each additional Girl Scout year please review and make the necessary updates, initial and date the last page of the form. Please complete a new form if there are numerous or important changes*

Adult's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Email \_\_\_\_\_

### **Emergency Contact Information:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number(s) \_\_\_\_\_

### **Physician/Insurance Information**

Name of family physician \_\_\_\_\_ Phone \_\_\_\_\_

Name of family dentist \_\_\_\_\_ Phone \_\_\_\_\_

Family medical/hospital insurance carrier \_\_\_\_\_

Policy or Group number \_\_\_\_\_

### **Part I: Illness and injuries (check all that apply)**

- Ear infection       Bleeding/clotting disorders       Hypertension       Asthma
- Heart defect/disease       Musculoskeletal disorders       Seizures       Diabetes
- Hypoglycemia       Other: \_\_\_\_\_

Date of last health examination: \_\_\_\_\_

What, if any, complicating medical problems were noted? \_\_\_\_\_

### **Part II. Allergies (check all that apply and specify the nature of the allergy)**

Animals: \_\_\_\_\_  Insect Stings: \_\_\_\_\_  Hay Fever/Pollen \_\_\_\_\_

\_\_\_\_\_  Plants \_\_\_\_\_  Food: \_\_\_\_\_

Medicine/Drugs: \_\_\_\_\_

Other: \_\_\_\_\_

**Part III. Other Health Conditions (check all that apply)**

- Constipation     Fainting     Hearing Impairment     Menstrual Cramps  
 Motion sickness     Nosebleeds     Sickle Cell trait/disease     Special Diet regimen  
 Sleep disturbances     Glasses or contacts     ADD & ADHD  
 Other: \_\_\_\_\_

If you checked any of the above, please explain any details we should know: \_\_\_\_\_

**Part IV. Immunization History**

	Year of last booster
Tetanus	_____
Other	_____

**Part V. Current Medications**

This person  takes **NO** medications on a routine basis  
 Takes prescription/over-the-counter medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken \_\_\_\_\_ Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken \_\_\_\_\_ Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_

Specific times taken \_\_\_\_\_ Reason for taking \_\_\_\_\_

*Attach additional pages for more medications or additional medication information.*

**Consent for Emergency Medical Treatment**

I do hereby state that in case of my unconsciousness and unavailability of my emergency contact, I authorize the Girl Scout leader or adult in charge to consent to any necessary health care including: examination, medical diagnosis, anesthetic, surgery, or other treatment, and/or hospital care to be rendered to me under the supervision of and/or advice of a licensed physician.

Adult's Signature \_\_\_\_\_ Date \_\_\_\_\_

Please use this area to further explain any items checked and provide any information that would be useful to the adult(s) in charge. Please also tell us about any activities that should be encouraged or restricted.

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Adult initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_  
Adult initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_  
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Adult initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_  
Adult initials that information on this form is still current \_\_\_\_\_ Date \_\_\_\_\_



## Photo Release Guidelines and Form

*This form outlines Girl Scouts of Northern Indiana-Michiana's guidelines for photo release and permits use of images in both troop and council publications.*

Photos, videos, and audio recordings captured by Girl Scouts of Northern Indiana-Michiana's volunteers and staff may be used to help promote Girl Scouts. Communication mediums, including but not limited to social media platforms, GSNI-M website, and print publications, as well as communication to families about what their girls are accomplishing in Girl Scouts, are all sources where photos, video, and audio may be used. GSNI-M encourages volunteers NOT to include names when images are used without special permission from the subject of the photos. By completing and signing this form, you are providing or declining permission to your Girl Scout volunteers or staff to use photos they take of your girl for Girl Scout promotions and communications.

I, being the caregiver of \_\_\_\_\_, hereby **DO** give permission for the photographs, video, and audio recordings for which my girl is the subject, obtained at any Girl Scout activity, may be used by Girl Scouts of Northern Indiana and its' volunteers/ staff in relation to promoting or communicating about Girl Scout activities. I hereby hold Girl Scouts of Northern Indiana-Michiana and its' volunteers free and harmless of any liability arising out of the materials' subsequent publication and use of the resulting materials.

I, being the caregiver of \_\_\_\_\_, hereby **DO NOT** give permission for photographs, video, and audio recordings for use by Girl Scouts of Northern Indiana and its' volunteers.

Name of Girl Scout: \_\_\_\_\_ Troop #: \_\_\_\_\_ OR IRG

Caregiver Printed Name: \_\_\_\_\_

Caregiver Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*Please return fully completed.*

*An updated copy of this form should be retained in the troop files each year.*

*(please refer to reverse side for Responsibilities for Volunteers)*

**Responsibilities for Volunteers:**

As a Girl Scout volunteer, you are responsible for the release and publicity of the photos and video recordings you use and distribute. To ensure that you are following all photo release guidelines, please review the following Girl Scout Volunteer responsibilities:

- Girl safety needs to be a top priority. Never post photos without permission. A signed Girl Scout membership form includes permission for photos to be used for Girl Scout purposes, but we strongly suggest you collect *Photo Release Forms* for each person pictured on your website, in your social media platforms, and any other publications used by your troop or provided to GSNI-M. Please update the form each year and keep a copy with the troop records.
- Do not identify the Girl Scouts pictured in any photos you post online or on print pieces without special permission from the subjects of the photos (images with Girl Scouts wearing name tags must be edited so that the names are not visible and girls cannot be identified). Last names should never be used.
- Never identify the girl's last name, school, address, phone number, or locations of any Girl Scout meetings or activities along with the photos.
- When posting images online, identify trip or event locations only **AFTER** they have occurred (never during). Also, delete digital/location data **BEFORE** posting.
- Caregivers could have opted out of photos on their membership form. Obtaining additional permission for photo release becomes important since volunteers do
- GSNI-M may request copies of these release forms if they find your photos online before posting to a GSNI-M site. Forms must be in your possession if you are posting the Volunteer Scoop Facebook group but do not have to be forwarded to GSNI-M unless requested.





of northern indiana-  
michiana

Complete this form at the initial  
troop/ caregiver meeting. Troop  
leaders keep for their records.

# Annual Permission Form

October 1, 20 - September 30, 20

## GIRL INFORMATION

Girl Scout's Name \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_

## PERMISSION FOR ACTIVITIES *(does not include permission for Product Program sales)*

My child has permission to travel to, attend, and participate in troop and council-sponsored activities that are:

1) Day trips

2) Not considered specialized activities as outlined by GSNI-M/ GSUSA

Yes – Initialed \_\_\_\_\_  No – Initialed \_\_\_\_\_

**By checking "No", I am requesting to sign Individual Activity Permission Forms for each activity.**

## PERMISSION FOR EMERGENCY MEDICAL TREATMENT

*(includes sharing health history)*

In the event of an emergency, every effort will be made to contact a caregiver/emergency contact person. If no contact can be made, I authorize the Girl Scout leader or adult in charge to consent to any necessary health care including: examination, medical diagnosis, anesthetic, surgery, or other treatment, and/or hospital care to be rendered to the above mentioned minor under the supervision of and/or advice of a licensed physician.

If permission for emergency medical treatment is not provided, GSNI-M shall be released from all liability resulting from untreated injury or illness and shall be held harmless for the same. If you wish to provide specific, alternative instructions, please do so on the back of this form.

Yes – Initialed \_\_\_\_\_  No – Initialed \_\_\_\_\_

**If I cannot be reached, the following person(s) can act on my behalf.**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

## PARENT/ CAREGIVER AGREEMENT

When participating in Girl Scout activities, I agree that my child and I will act in a manner that models the ideals and values of the Girl Scout Promise and Law.

I have read and understand this Annual Permission Form. I may change or revoke any aspect of this agreement at any time by submitting my request, in writing, to the troop leader.

Printed name of Caregiver \_\_\_\_\_ Signature of Caregiver \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone \_\_\_\_\_ Email \_\_\_\_\_



## Ways Adults Can Help

*Each troop needs the help of many adults to carry out a quality leadership experience for the troop. By sharing your time, you can make a difference in the lives of many young girls. Get involved. It's fun! Please return this form to a member of the troop leadership team when completed.*

Adult's Name \_\_\_\_\_

Address \_\_\_\_\_  
(street) (city, state) (zip code)

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Troop Member's Name \_\_\_\_\_

Register as an adult member of Girl Scouting by either registering online or completing an Adult Registration form. Volunteers also need to complete an online criminal background check. Contact [frontdesk@gsnim.org](mailto:frontdesk@gsnim.org) if you do not have online access.

Please consider volunteering in one or more of the following positions:

\_\_\_\_\_ **Troop Co-Leader:** Work in cooperation with other leadership team members in the leading of the troop. Complete required learning opportunities. Assist girls and attend meetings, field trips, and overnights.

\_\_\_\_\_ **Committee Volunteer:** Provide assistance and attend meetings as needed.

\_\_\_\_\_ **Field trip driver/chaperone:** Attend and provide transportation for field trips. Must have valid license and vehicle insurance.

\_\_\_\_\_ **Product Program Coordinator:** Attend applicable training, coordinate Program logistics, pick up and distribute product, and collect and deposit program money. Fall: Oct-Dec; Cookie Jan-Mar

\_\_\_\_\_ **Troop Treasurer:** Keep accurate records of troop finances and maintain a troop checking account. Submit an Annual Report for finances.

\_\_\_\_\_ **First aider:** Complete first aid/ CPR/ AED training and attend field trips and camping trips.

\_\_\_\_\_ **Camping expert:** Complete required outdoor trainings and attend applicable outings.

Share a hobby, interest or skill with the troop:

_____ music	_____ sewing	_____ household repairs	_____ outdoors
_____ nature	_____ math	_____ first aid	_____ entrepreneur
_____ dance	_____ cooking	_____ gardening	_____ fitness
_____ games	_____ bicycle care	_____ computers	_____ animal care
_____ ecology	_____ first responder	_____ science	_____ photography
_____ cake decorating	_____ painting/drawing	_____ singing	_____ service projects
_____ sports	_____ crafts	_____ camping skills	

Other \_\_\_\_\_

Provide the troop:

- Help with organizing activities
- Occasional food for snacks at troop meetings, special events, or ceremonies
- Space for storing equipment
- Access to free photocopying
- Help collecting program materials such as wood, cloth, paper, scraps of yarn, etc.
- Babysitting for leaders' children during meetings, trainings, or special events

Do you currently have a job where the troop could take a field trip and/or learn about a special skill? For example, do you work at a State Park, an animal shelter, a dentist's office? Please tell us about your work experience:

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Are you involved with any community organizations that would be good for the troop to learn about and assist? For example, do you have connections at a local food bank/pantry or affiliated with a nursing home? Please tell us about any connections:

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Supplies you are willing to donate:

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<hr/>	<hr/>
<hr/>	<hr/>