

# Troop Trip Application Instructions

## WHEN NEEDED:

- ANY overnight (1 night or more, includes camping/non camping as well as Service Unit trips/Camporees)
- ANY trips Involving Risk\* Related Activities. High Risk Related Activities include, but are not limited to: Aquatic Activities, Archery, Backpacking, Boating, Challenge Course, Hayride, Horseback Riding, Winter Activities, Rafting/Tubing; Parade Floats. For a complete list, see Safety-Activity Checkpoints at: <http://www.gshnj.org/?p=safetycheckpoints> \*\*Outdoors & Overnights Step 1 is REQUIRED for overnight trips.

## Prior to filing your application be sure that:

- ✓ The form is completed in its entirety and submitted at least 30 days prior to your trip.
- ✓ All girl members and leaders are registered with Girl Scouts Heart of New Jersey
- ✓ ANY bus contracts or requests for Certificates of Insurance have been submitted 30 days prior to the trip. Please note: Only GSHNJ CEO may sign ANY contract, including chartered bus or leased vehicles.
- ✓ All adults attending an overnight are registered and approved volunteers
- ✓ Any male adults attending an overnight have separate sleeping arrangements
- ✓ Adults participating in the trip understand the purpose of the trip, health and safety requirements and their role as adults in girl/adult partnership.
- ✓ The cost of the trip is feasible for your troop and manageable for each individual troop member.
- ✓ [Troop trip girl/adult ratio](#) is in compliance with Girl Scouts of the USA Safety-Wise and GSHNJ Council Policies and Standards.
- ✓ Trip plans are shared with all parents/guardians and permission slips are signed.

**Note:** Any applications failing to meet these requirements may be denied.

\*\* International and Extended trips require a different form and must be submitted 4 months in advance. Please see your Support Specialist for more information.

**ADDITIONAL INSURANCE:** Additional insurance must be purchased for trips lasting more than two (2) nights or more than 3 nights if over an official Federal holiday weekend. A Request for additional insurance must be submitted, with the appropriate fee, at least three (3) weeks prior to your trip for processing.

### Application Troop/Group Trips (Overnight & High-Risk\*)

Service Unit Name or # \_\_\_\_\_ 5 Digit Troop # \_\_\_\_\_  
 Program Level (check all that apply) D \_\_\_\_\_ B \_\_\_\_\_ J \_\_\_\_\_ C \_\_\_\_\_ S \_\_\_\_\_ A \_\_\_\_\_

**For ANY Trips Involving Risk\* Related Activities AND/OR Overnights (1 night or more, includes camping/non camping as well as Service Unit trips/Camporees):** Complete the entire form and submit to your council Support Specialist 30 days prior to the trip. **Check all that apply**

\_\_\_\_\_ Overnight Trip  
 \_\_\_\_\_ High-Risk Activity

**For Extended Domestic & International Trips (3 plus nights):** Please contact your Council Support Specialist four (4) months prior to departure.

\_\_\_\_\_ Camping Trip  
 \_\_\_\_\_ SU Camporee

Leader/Trip Coordinator \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_ Email \_\_\_\_\_  
 Facility/Destination \_\_\_\_\_ Address \_\_\_\_\_  
 Depart date: \_\_\_\_\_ Return date: \_\_\_\_\_ Accommodation Type \_\_\_\_\_

**At Home Emergency Contact** \_\_\_\_\_ **Phone (24 hour Emergency)** \_\_\_\_\_

**TRANSPORTATION** Private vehicles \_\_\_\_\_ Chartered bus\* \_\_\_\_\_ Leased vehicle \_\_\_\_\_ Other (specify) \_\_\_\_\_

\*Please contact your Council Support Specialist for a list of all pre-approved Chartered Bus companies. **NOTE: Only GSHNJ CEO may sign ANY contract, including chartered bus or leased vehicles.**

#### CERTIFICATIONS

**Current First Aider/CPR\*** \* MUST be with Troop/Groups at ALL times.  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Certification \_\_\_\_\_ Date Received \_\_\_\_\_ Date Expired \_\_\_\_\_

**Outdoor Certified Adult\*\*** \*\*Outdoors & Overnights Step 1 is REQUIRED for overnight trips.  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Certification \_\_\_\_\_ Date Received \_\_\_\_\_ Date Expired \_\_\_\_\_

**Certified Life Guard\*\*\*** Male \_\_\_\_\_ Female \_\_\_\_\_ **\*\*\*For all aquatic activities when a facility does not provide one.**  
 Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of Certification \_\_\_\_\_ Date Received \_\_\_\_\_ Date Expired \_\_\_\_\_

I have read all activity related pages in the Safety-Activity Checkpoints pertaining to this trip and confirm that the plans conform to the Safety-Activity Checkpoints & GSUSA policies and guidelines at <http://www.gshnj.org/?p=safety-checkpoints>

Leader Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Support Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

**Roster (complete attached sheet):** Include names and phone numbers of girls and adults. Indicate drivers (must be 21 years or older). **NOTE: All adults attending the trip MUST be a registered member and background checked.**



# Girl Scouts Heart of New Jersey Troop Trip Roster\*

\*Please be sure to provide a copy of this roster to your At Home Emergency Contact person

5-Digit Troop# \_\_\_\_\_ Service Unit Name or # \_\_\_\_\_ Email \_\_\_\_\_

Leader/Contact \_\_\_\_\_ Phone \_\_\_\_\_

Please check appropriate columns below

Name	Address	Home Phone	Cell Phone	Alternate Emergency Contact	Girl	Adult	Driver	Guest

Total Girls \_\_\_\_\_ Total Adults \_\_\_\_\_