girl scouts of eastern missouri

The Event Packet: District/Neighborhood Events

Use one packet per event. Keep the packet intact and complete forms in packet as needed per event. Your District or Neighborhood Manager can give you the additional forms needed or they can be downloaded from *girlscoutsem.org*. You may make copies of any forms not marked "sample." Bring the packet to all District or Neighborhood meetings while event is being planned. At completion of event give the completed packet to your Neighborhood Manager for future reference. The District or Neighborhood Manager will keep a file of all events. Turn in event evaluations and the evaluation summary to your Community Development Manager (CDM).

District _____ Neighborhood _____ Event Date _____
Event Name _____
Event Location _____

☐ Application Submission Date _____

☐ Event Director Name/s, Phone, Email _____

_____

☐ Business Manager/Registrar Recruited Name/s, Phone, Email _____

_____

☐ First Aider Recruited (see page 7 for information on the level of first aid certification required.

Name, Phone, Email _____

☐ Non-Member Insurance Submitted on (date) or N/A: _____

☐ Event Flyer Submitted to CDM on (date): _____ Date Approved by CDM on (date) _____

☐ CERTIFIED Water personnel Per *Safety Activity Checkpoints* __ Life Guard ___ Boating ___ Watcher
Name/s, Phone, Email _____
Name/s, Phone, Email _____
Name/s, Phone, Email _____

☐ Licensed Troop Camper/s _____ Recruited or N/A _____
Name/s, Phone, Email _____
Name/s, Phone, Email _____
Name/s, Phone, Email _____

☐ Cooking for Crowds at Camp Certified Person _____
Name, Phone, Email _____

☐ Transportation (please refer to *Safety Activity Checkpoints, Volunteer Essentials and GSEM Essentials* available online at *girlscoutsem.org)*

Bus _____ Train _____ Van _____ Airplane _____ Other _____
If commercial vehicle, company name, contact and phone _____

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The Event Packet: School Events

Event Application

- Applications can be obtained from your Neighborhood Manager
- Applications must be turned into the Neighborhood Treasurer two months before scheduled event
- EVENT FLYER: Refer to pages 11 & 12, "Event Flyers," to ensure all necessary requirements are met Event Flyers MUST be submitted to your CDM for review at least 4-6 weeks PRIOR to distribution

Non-Member Insurance

- Must be turned into your CDM two weeks before scheduled event

Budget

- Prior to budgeting for the event, contact the Neighborhood Treasurer to check if there are available funds in your school funds
- Four months prior to event, complete Worksheet for Budgeting for District/Neighborhood Events, F-15 and submit to Neighborhood Manager for approval, prior to establishing the cost to attend the event
- Use Tax Exempt certificate whenever possible for purchases
- Begin documenting expenses on F-16, Event Account Worksheet
- Event Fees-If the event is a 'Troop Event,' **a troop check** should be made to the Neighborhood. If the event is an 'Individual Registration' event, individual checks should also be made to the Neighborhood
- Three months prior to event, continue to update F-16
- Two months prior to event, continue to update F-16; prepare and revise budget on F-15
- One month prior to event, submit event fee checks to Neighborhood Treasurer and request funds from Neighborhood Treasurer
- Within one month following the event, submit all receipts for reimbursement to the Neighborhood Treasurer. Submit final budget paperwork to Neighborhood Treasurer

Event Account Worksheet

- Must be turned into Neighborhood Treasurer for reimbursement following the event
- Receipts must be attached

Event Evaluation

- Distribute event evaluations to all participants/troops upon completion of the event

Service Project

- Follow instructions from Neighborhood Seasons of Giving Coordinator to report donations collected as a Service Project

Event Forms Checklist

All forms mentioned, with the exception of the F-11 (Application for District/Neighborhood Events) can be copied from the event packet, downloaded from *girlscoutsem.org* or requested from your Neighborhood Manager or CDM. The F-11 is a NCR Triplicate form which can be requested from your Neighborhood Manager or CDM.

Every Event Will Need:

- ❑ F-11 Event Application
- ❑ Event Flyer
- ❑ F-17 *District/Neighborhood Event G/A Participant Survey* (each troop/group completes at end of event)
- ❑ F-17a *District/Neighborhood Event G/A Participant Survey Recap* (completed from compiled F-17's collected at event. The completed F-17a goes to your CDM)
- ❑ Certificate of Insurance (COI) from the event location on file with GSEM; refer to page 9 for COI information

Some Will Need:

- ❑ F-15 *Worksheet for Budgeting for District/Neighborhood events* (if finances are involved)
- ❑ F-16 *Event Account Worksheet* (if finances are involved)
- ❑ F-20 *Registration Check-in Grid* (very helpful)
- ❑ PD-3 *Activity Scholarship Notification for District/Neighborhood events* (a MUST for participants to be able to apply for and/or receive scholarships)
- ❑ F-24 *District/Neighborhood Event Service Survey* (use if Girl Scout Cadette, Seniors and Ambassadors are working event as a service project. Each Girl/Troop/Group completes at end of event)
- ❑ F-25 *District/Neighborhood Event Service Survey Recap* (use if Girl Scout Cadette, Senior and Ambassador worked event. Committee completes from compiled F-24's and sends to goes to CDM)
- ❑ Non-Member Insurance (if you expect event participants who are not registered Girl Scouts, see pg.9)

Event Timeline
FOR Neighborhood and District Events

One year to six months prior to event:

- ❑ Submit F-11 *Event Application* to your CDM

Six months prior to event:

- ❑ Review *Event Packet*
- ❑ Determine whether the event will include participants who may not be registered Girl Scout members; girls, siblings, adults, etc. If there are participants attending the event that are not registered Girl Scout members, Non-Member Insurance must be purchased. To request Non-Member Insurance, complete the M19059-0604, Plan 2 Mutual of Omaha Enrollment Form for Girl Scouts. This form can be obtained from your Neighborhood Manager or CDM. Completed requests and a check for the insurance should be submitted to your CDM at least one week prior to the event. See page 9 for additional details.
- ❑ Check the GSEM website for a list of approved COI's to ensure event location is approved. In the event a COI is not listed for the event location, contact the event location and request the COI. This can be completed by visiting the location or contacting the location via phone, email or letter. The COI must name the GSEM as additional insured. You can ask for assistance and a sample letter from your CDM (see pg. 9)
- ❑ Request a COI from GSEM's Accounting Department if the non-Council owned site requests proof of insurance (see pg. 9)

- ❑ Any required Contract/Agreement (from the location) is to be made in the name of the Girl Scouts of Eastern Missouri, Inc. If the contract includes a Hold-Harmless clause DO NOT SIGN and forward to the GSEM, attention Mary Ann Owens (see pg. 10)
- ❑ Recruit event committee person members (see pg. 6-7)
- ❑ First event committee meeting held

Four months prior to event:
- ❑ Complete initial budget F-15 (see pg. 24) if needed
- ❑ Submit sample flyer to CDM for approval **BEFORE** distribution
- ❑ Arrange transportation if applicable
- ❑ Begin documenting expenses on F-16, *Event Account Worksheet,* see pg. 25

Three months prior to event:
- ❑ Distribute flyers at District/Neighborhood Meetings, post on District/Neighborhood website
- ❑ Update F-16, *Event Account Worksheet*

Two months prior to event:
- ❑ Register participants and mail confirmation letters or emails
- ❑ Submit the application for those participants needing scholarships
- ❑ Fill out F-20 as a tool to help plan for the day of the event
- ❑ Update F-16 , *Event Account Worksheet*
- ❑ Prepare and revise budget (Form F-15)
- ❑ Order patches if needed

Seven weeks prior:
- ❑ *Cancel camp units you do not plan to use in writing to Camping Resource Specialist. Any unit(s) not canceled six weeks prior will be charged to the event.
- ❑ *Return invoice with payment for camp fees. Make check payable to "Girl Scouts of Eastern Missouri"

One month prior:
- ❑ Submit event fees /request funds from District/Neighborhood Treasurer
- ❑ Secure supplies (food, toiletries, etc.) and equipment.

Day of Event:
- ❑ Use F-20 to track attending participants
- ❑ Ensure that a Health History is received from all participants
- ❑ Distribute evaluations (F-17 and/or F-24) to all participants upon completion of event

1 month following the event:
- ❑ Submit expense summary to District/Neighborhood Treasurer
- ❑ Hold evaluation meeting with committee personnel
- ❑ Complete and submit evaluation recap forms (F-17a, F-18, and F-25) to CDM or Director of Research and Evaluation, as well as the District/Neighborhood Managers
- ❑ Report results of any service projects through *girlscoutsem.org/programs/seasons of giving*

*NOTE: When using a **non-Council owned site**, be sure to pay close attention to site policies for making cancellations and payment to avoid charges.

Event Committee Members and Responsibilities

A District or Neighborhood Event is an inter-troop/adult activity organized at the local level. Such an event should be decided by a vote of the District or Neighborhood conducting the event. A school event is an inter-troop/adult activity organized at the school level. Such an event should be decided by a vote of the school's troop leaders.

It is the decision of the District or Neighborhood as to which program levels may attend the event and/or stay overnight (if an overnight event). Girl Scout Daisies may stay overnight if the event is a leader-daughter or mother-daughter type of event (each girl has her own mother/female adult attending). Men staying at camp need separate housing and bathroom facilities from girls and female adults.

The event committee will plan for the diverse membership within the District or Neighborhood (for example, arrangements for people with disabilities, religious observances, etc.).

Following are some examples of possible event committee members:

Event Director

- Is appointed by and will be responsible to the District Manager for District Events or the Neighborhood Manager for Neighborhood Events
- Recruits a committee based on the type and needs of the event
- Consults with the committee to set up time and location of event meetings, including a final evaluation meeting
- Will notify the District/Neighborhood Manager and the Community Development Manager (CDM) in advance of the time and place of each committee meeting
- Distributes a committee roster to the District/Neighborhood Manager, CDM and Event Committee

Business Manager (Event Registrar and Business Manager is often the same person)

- Submits initial and final budget under advisement of the event committee to the Event Director and the District/Neighborhood Treasurer
- Collects event fees and submits to the District/Neighborhood Treasurer
- Collects receipts and bills from event committee members and submits to District/Neighborhood Treasurer for payment

Event Registrar (Event Registrar and Business Manager is often the same person)

- Collects event registrations and event fees and submits to the Business Manager
- Gives tallied information to the necessary event committee members
- Mails confirmation letters
- Handles questions and calls from the participants
- Distributes, collects and tallies evaluations and submits to Event Director and CDM

Program positions

- Plans the program with the assistance of the committee
- Responsible for contacting program facilitators, guest speakers, trainers, etc.
  The program committee may consist of: opening and closing—crafts—day program—songs—evening program—games etc.

Meals/Food

- Plans meals, snacks, etc. with the assistance of the committee
- Assures that dietary needs and food allergies of the participants are being met (information from the registrar)
- Complete *Cooking for Crowds at Camp* (refer to GSEM *Lead & Learn*) if using kitchens on Council properties
- Secures catering if being used for event

Health Supervisor

- Oversees healthcare at the event and records all incidents, accidents, injuries, illnesses, medications, care provided, etc.
- Must meet GSUSA requirements for first aid and CPR certification*
- Must check for head lice on all overnight participants (refer to *Position Papers* for more information if overnight event)**
- Collects Health Histories from ALL participants, files by troop number, and places each troop's Health Histories in an envelope. Health History information is confidential, and must be kept in a secure location accessible only to the Health Supervisor
- Returns Health Histories to Troop Leader at the conclusion of the event

*A Level II First Aider is required if *Safety Activity Checkpoints (SAC)* do not indicate that specific activities at the event require a higher level of aid certification, and:

- The event has fewer than 200 participants, or
- Access to emergency medical services (EMS) is within 30 minutes

A Level II First Aider is needed if SAC indicate that a Level I First Aider is not sufficient and:

- The event has more than 200 participants (there should be one first aider for every 200 participants) or
- The event is further than 30 minutes from access to EMS

First Aiders will be asked to show proof of certification, including CPR certification for both Adult and Child CPR/AED.

For additional information on first aid requirements, se GSEM Essentials or the online publications, *Safety Activity Checkpoints* and *Volunteer Essentials*. More information is available online at www.girlscoutsem.org.

**All participants in overnight programs (camping, District, Neighborhood and Council events) should be checked for head lice. Participants who show evidence of head lice and/or nits will not be allowed to participate in the event. See pages 13-14 of *Girl Scouts of Eastern Missouri Position Papers* for proper procedures.

Camp Supervisor

- Is assigned when using Council-owned properties***
- Will live in the quarters as listed on the *Guidelines for Year Round Camp Supervisors* (see CD-34)
- May not hold another position while at camp. He/she must remain available in case of emergency

Licensed Troop Camper

- One individual on the event planning committee should have *Troop Camp A, B, A-Z or Fast Track* certification to act as a resource when camping events are being planned.

***Event Committees may recruit their own certified Camp Supervisor. Their name and phone number must be submitted to the Camping Resource Specialist by Aug. 1 for Nov.-April events or Dec. 1 for May – Oct. events prior to event. **Please be sure to confirm with this person that they are available and willing to attend event before submitting their information**. A Camp Supervisor will be assigned to events that choose not to recruit their own.

CDM Responsibilities

- May attend initial planning meeting and any other meetings if requested by District/Neighborhood Manager
- May advise development and implementation of event
- Approves the event flyer **BEFORE** distribution
- Approves event application
- May attend evaluation meeting if requested by the District/Neighborhood Manager
- May assist with the application for Non-Member Insurance if needed; completed application due **TWO weeks prior** to the event date
- Approves patch design

Girl Scouts of Eastern Missouri

Procedure for Reserving Council-Owned Properties for District/Neighborhood Events

To Reserve Council-Owned Sites:

1. Fill out the Application for District/Neighborhood Events (F-11) application.

   Applications are accepted a year in advance of the event date. Once received, an Event Pull is performed on the first business day of the month for all applications requesting dates in the month prior, i.e. a pull is done on March 1, 2014 for applications requesting February 2015 dates.

2. Submit the completed application to your Community Development Manager for approval.

3. Once the event director receives a site reservation confirmation, a non-refundable deposit of either 10 percent of the camp reservation fees or $50, which ever is greater, for all units reserved is due within 10 days of receipt of the invoice.

4. Return a signed Camp Usage Agreement with the deposit to confirm the reservation.

5. Full camp fees are due no later than six weeks prior to the camp reservation date. If full payment is not received by the due date, the reservation will be canceled. There are no refunds of deposits for cancellations.

6. Event cancellations or unit cancellations are due in writing to the Camping Resource Specialist no later than six weeks prior to the event date. All units reserved, used or unused, will be charged to the event if not cancelled by deadline.

Camps are closed during modern firearms deer hunting seasons and any managed hunt weekends. Dates for these hunts are announced in June by the Missouri Department of Conservation. Events requesting dates in late fall or early winter may receive tentative approval until hunt dates are announced.

District/Neighborhood event scheduling is not permitted during Prime Time Troop Camping (April 22 – May 31 and September 15 – October 24)

To Request A Camp Supervisor:

If a particular Camp Supervisor is desired for the event, please contact the Camp Supervisor to check their availability before listing their name on the application. If no Camp Supervisor is listed, one will be assigned.

The Camp Supervisor will review camp use and guidelines with each unit's certified personnel at a pre-camp meeting or at-camp meeting.

Troop Camp Information Packet:

A list of activities that require certification and camp site rules and regulations is available through the Troop Camping Information packet. A copy of the packet will be sent to the event director along with the initial invoice for the event. For additional copies, please contact the Camping Services Department at 314.592.2368.

In addition, each unit must have a camp certified volunteer with either GSEM Camping Procedures or a Troop Camp License. A First Aider is required for all events.

If you have questions, please contact the Camping Services Department at 314.592.2368.

JLM/ 2/5/13 Camp Information for Event Packet

Insurance and Hold Harmless

Certificate of Insurance (COI)

Girl Scouts of Eastern Missouri (GSEM) is committed to providing a safe, quality program experience for girls. As part of this commitment GSEM is asking that all facilities where Girl Scout program takes place provide the Council with a Certificate of Insurance (COI) naming GSEM as additional insured. The goal is to insure the venue where Girl Scout program takes place is safe and has adequate insurance.

District and Neighborhood events held off GSEM property should request a COI from the management of the facility. Many facilities have already provided GSEM with a COI. To find out if the site where the event is to be held has provided the Council with a COI go to www.girlscoutsem.org/Certificate of Insurance.

The management of the program site may also request that GSEM provide a COI naming them as additional insured on GSEM's policy. This request should be given to the Community Development Manager for follow up.

The event planning committee should work closely with their CDM to fulfill requests for a COI or when making a request.

Non Member Insurance

Girl Scouts of Eastern Missouri, Inc. encourages the formal registration of all participants at an event so that they are covered under Girl Scout Activity Accident Insurance. In some situations, however, this may not be possible, and Non-Member Insurance must be purchased (i.e. My Friend & Me event, Family Picnic event, etc.).

Formal registration allows members to participate in all Girl Scout activities for one membership year (October-September). Non-member insurance strictly covers an individual for one activity.

If all participants attending the event are to be registered members of Girl Scouts, registrations must be completed prior to the event. Scholarships can be used to register those individuals that are not able to pay the $15 membership fee. The $15 membership fee provides Plan 1 insurance which covers activities lasting no more than two nights. This plan does not cover illness. Plan 1 is a secondary insurance.

If some of the participants choose not to become members of Girl Scouts of Eastern Missouri, non-member insurance should be purchased.

Plan 2: This plan covers Non-Members and can be used for members participating in events of any length. This insurance must be purchased for a non-member to participate in a Girl Scout event of any length. It is secondary insurance and it does not cover illness. Cost is $.11 per person per day with a minimum of $5 premium.

If the event will includes participants who may not be registered Girl Scout members; girls, siblings, adults, etc. , Non-Member Insurance must be purchased. To request Non-Member Insurance, complete the M19059-0604, Plan 2 Mutual of Omaha Enrollment Form for Girl Scouts. This form can be obtained from your Neighborhood Manager or CDM. All checks should be payable to "United of Omaha Life Insurance Company." The insurance form must be filled out with the details of the event and postmarked 24 hours prior to the day of the event in order for the insurance to be active. REMEMBER, the completed form and check must be received by the CDM TWO weeks prior to the event.

District and Neighborhood events are planned and implemented for specific program levels. If a girl is a registered Girl Scout, but is not of the age level for which the event is planned, or if the girl is not a registered Girl Scout, she is considered a tagalong.

The event planning committee should determine in advance if tagalongs will be accepted. If so, a registration process should be put in place and Non-Member Insurance should be secured. In addition, tagalongs should provide a signed Health History/Parent Permission Form, even if a parent is on the event staff. If there is a unit for boys, make sure that the same procedure is followed as for girls. A specific program should be planned and implemented by a boy's unit staff person. Boys should not be participating in the event program.

Hold Harmless Clauses

Contracts and agreements need to be made in the name of Girl Scouts of Eastern Missouri, Inc. Please refer to the *Position Papers*. DO NOT SIGN A HOLD HARMLESS AGREEMENT.

"Rather than the Council continuing to be involved in the issue of releases from individual participants or their parents, subordinate units (troop/district/neighborhood) will administer the completion of any "release" required by outside vendors/venues from individual participants or their parents. No change is recommended related to any release required from GSEM (where GSEM is a legal party to the release), and these will continue to be sent to the Service Center for review and signature by the appropriate Service Center management. It should also be noted that the responsibility of the Council and/or subordinate unit to reasonably ensure that the venue we are utilizing is safe for the girls remains unchanged, regardless of who administers and/or signs the actual release."

What this means is if the venue where the District or Neighborhood event is to be held asks for each girl to have a signed release, if a girl is not of legal age, age 18, her parent/guardian must sign. **Leaders may not sign on behalf of parents**. If the venue asks for GSEM to be named as the contracting entity and/or legal entity, then the agreement/contract must be reviewed and authorized by GSEM. The Community Development Manager will help facilitate the signature process. Please remember to allow at least two weeks for this to be completed. For more information about Hold Harmless/Indemnification Procedures, please refer to the *Position Papers.*

Providing Adult Education Courses at Events

Events are a great place to offer courses for adults. Participants can meet a learning need without having to make a special trip, while the girls are occupied with the event. Volunteers who take workshops can use them to earn the S'More Fun with Workshops patch.

The event committee decides whether to offer courses and workshops and should coordinate with the District Learning Support Team (LST) to avoid duplication of courses. The LST can provide information on recruiting facilitators and how to submit training statistics. For more information, contact your District Adult Development/Education Manager. You can also contact the Adult Education Manager at: 314.592.2354, 314.592.2329 or 800.727.4475.

Event Flyers

Event flyers must be submitted to the District or Neighborhood Manager and the Community Development Manager (CDM) for approval at least 6-8 weeks prior to distribution.

Please remember to include the cost of printing flyers in the initial budget. Flyers should **not** be printed until the CDM approves them.

Required information on all event flyers:

- ❑ Identifying information—Girl Scouts of Eastern Missouri
  District ___ Neighborhood ___
- ❑ Refund policy – refund deadline (should also be included in the confirmation if applicable)
- ❑ Disability Information/Accommodation Request (example FOLLOWS)

Questions that should be answered on the flyer:

- What is the event?
- Who is invited? (Registered Girl Scouts/adults, tag-a-longs, parents, etc.)
- Where will it be?
- How much will it cost?
- How do I register?
- When can I register?
- Can I get a refund?
- When is the registration and/or refund deadline?
- Will I get a confirmation letter?
- Will transportation be provided?
- Who can I contact if I have questions?

Other helpful hints to make your flyer look attractive:

- Clear, concise, readable type
- Maximum of two fonts (Arial is recommended)
- Contain margins on all four edges (one inch is recommended)
- Proofread carefully and check facts to ensure all of the information is correct
- Include artwork
- Print on colored paper
- Flyers that include a tear-off registration form should contain pertinent information regarding the event on the top portion of the flyer
- Refer to example on page 13

Race/Ethnic Background (completion is optional)

This information is requested only to measure progress towards serving all girls and adults in our jurisdiction. Please check:

Number of attending girls:

White __Black __Asian/Pacific Islander __American Indian or Alaska Native __Also Hispanic

Number of attending adults:
White __Black __Asian/Pacific Islander __American Indian or Alaska Native __Also Hispanic

Disability Information/Accommodation Request

Disability Information

GSEM welcomes the participation of all girls and adults and will make reasonable accommodations to persons with disabilities. To help GSEM better serve your child, please indicate whether or not the participant is in need of a reasonable accommodation in order to fully participate in the program. The Disability Coordinator, Ashley Todd, will contact you to answer questions and discuss accommodation requests. You can also contact her directly at 314.592.2358 or *atodd@girlscoutsem.org*

Do you need a reasonable accommodation? Yes _____ No _____

Girl Scouts of Eastern Missouri
and District 12, Neighborhood 11
Present Disco Days

When: February 24, 2013

Where: Marquette High School Gymnasium
2351 Clarkson Rd
Chesterfield, 63017

Who: A registered Girl Scout and a father figure (dads, brothers, uncles, granddads, etc.)

Cost: $10 per couple/$5 each additional girl

Registrations open January 15th and closes when full or on February 12, 2013 whichever comes first. Please detach and fill out the form below and mail along with a stamped self addressed envelope to:

12 Cookie Way

Chesterfield, MO 63005

Confirmation letters will be mailed in the return envelope during the week of February 12, 2013
Letter will include directions and times.

Sorry, There will be no refunds. Questions? Call Cindy Fox 636. 555.1212

(Detach and Return)

Girl's Name_____ Troop_____
Adult's Name_____
Address_____
Phone:_____

Couples _____ X $10 = $_____
Additional _____ X $5 = $_____
(Checks ONLY payable to GSEM) Total: $_____

Race/Ethnic Background (optional)
This information is requested only to measure progress towards serving all girls and adults in our jurisdiction. Please indicate the total number in each category:

Girls: __White __Black __Asian/Pacific Islander __American Indian or Alaska Native __Hispanic

GSEM welcomes the participation of all girls and adults and will make reasonable accommodations to persons with disabilities. To help GSEM better serve your child, please indicate whether or not the participant is in need of a reasonable accommodation in order to fully participate in the program. The Disability Coordinator, Ashley Todd, will contact you to answer questions and discuss accommodation requests. You can also contact her directly at 314.592.2358 or at atodd@girlscoutsem.org

Do you need a reasonable accommodation? Yes _____ No _____

SAMPLE

Confirmation Letters

Confirmation letters should be mailed at least three weeks in advance of event date.

Required information on all confirmation letters:

- Identifying information—Girl Scouts of Eastern Missouri --- District __ Neighborhood __
- Name and date of event
- Refund Policy and refund deadline (should also be indicated on the flyer)
- Weather policy (i.e. will the event be cancelled if it rains? If it snows?)
- Disability Information—special needs statement and question (see page 12)
- A map or directions to the event location

Questions that should be answered in the confirmation letter:

- What time should participants arrive?
- Where will everyone meet upon arrival?
- What time will the event end?
- Where will I be picked up (if transportation is provided)?
- What do I need to bring?
- Is additional money needed for snacks, souvenirs, etc?
- Who can I contact if I still have questions?

Special Needs Accommodation and Planning

Advance planning is the key to ensuring a positive experience for all event participants and can be particularly important when including a girl or adult who has a disability. Keeping in mind the information below during the early planning stages of an event can help the committee when making determinations regarding all aspects of the event including location, facilities, activities, menu, etc.

- Every event flyer must have the "Disability Information" statement found on page 12 and on the sample flyer provided in the Event Packet.
- As event registration forms are received, it is the responsibility of the Event Director or Registrar to call the Disability Coordinator and provide a copy of the event registration forms that have indicated that a reasonable accommodation is needed. The Disability Coordinator will call the parent or troop leader to discuss the request for accommodation and communicate the need to the Event Director or Registrar. This will prevent surprises and encourage Girl Scout members that all of us have different needs and abilities, and flexibility is always required when planning and implementing large events.
- It is important that all event committees are aware of accommodations that should be made, since this may affect multiple areas of the event. For example, a girl who uses a wheelchair would be assigned the accessible unit at camp. Additionally, the program and transportation committees will also need to know so that all activities are held in an accessible area and any special transportation needs are taken into consideration.
- Sometimes committee members are not aware of a special need or request from a participant until the day of the event. Chances are good that if you have chosen an accessible facility and considered how participants of all abilities can participate in the activities, you will not have any problems making a change. Occasionally however, an adaptation or accommodation may be necessary at the last minute, so it is important to do so creatively and graciously. For example, perhaps a girl with diabetes or food allergies discovers that none of the snacks provided during an event are something that she can eat. Consult with the food committee and the girl's leader (and even the girl herself) to come up with an acceptable alternative so that the girl will feel neither hungry nor left out at snack time. There is always a solution, and consulting with those involved and making compromises is what will get you there easily.
- Support is available for volunteers who are planning an event and need assistance with accommodation requests. Please call the Disability Coordinator, Ashley Todd, at 314.592.2358 or *atodd@girlscoutsem.org*

Accommodation Check-List

When looking at a potential event location, it is important to check all areas. One area may be accessible while another may not. Use the following questions as guides for finding sites that are accessible to everyone. A girl, parent or guardian or other persons visiting the event may have special needs that will be listed on the accommodations, and you want to be sure to include them.

- Does one accessible route connect all buildings and facilities on the site?
- Are there reserved parking spaces for people with disabilities?
- Are there curb cuts so that people using wheelchairs, carriages, carts, etc., can enter and exit more easily?
- Are there tactile markings in the sidewalks in the front of the curbs to warn people who are blind?
- Is there a ramp at the entrance to the building?
- Have handrails been installed?
- Does the hallway allow enough space for one wheelchair to travel comfortably? Is there enough difference in surfaces for people who are blind to get clues?
- Are door openings at least 32 inches wide?
- Are door numbers in Braille?
- Are bathrooms on an accessible pathway?
- Is there at least one bathroom stall with handrails that could be used comfortably by a person in a wheelchair?
- Are fire alarms low enough to be reached by people in wheelchairs? Are the directions in Braille? Are they equipped with flashing lights so that people with hearing impairments can be warned?
- Are chairs and tables of an appropriate height? Can a wheelchair fit under at least one table, or can one be accommodated easily in an aisle?
- Do any cabinets or counters stick out into pathways?
- Can all areas be seen without a glare?
- Have special materials and equipment been identified?

Event Evaluation Guidelines

It is important to evaluate the Girl Scout programs and provide measurable proof of the program outcomes. Funders, parents, prospective volunteers and current volunteers and staff utilize this information. The committee can help in the collection of such information by using an evaluation for all events.

You may use the *District/Neighborhood Event Girl and Adult Participation Survey* (F-17) as it is printed. To facilitate evaluation, the leaders may survey the troop as a whole on the Girl Scout Daisy and Brownie levels. The adult/s can read the questions to the Girl Scouts and record the total number of answers on F-17. Individual evaluations are desirable on the Junior, Cadette, Senior and Ambassador levels, but not mandatory. If you design your own evaluation, please include questions 1-10. If Girl Scout Cadettes, Seniors and Ambassadors assist in program delivery, please provide them with the *Service Survey* (F-24). It is important to ask the adults at your event to provide feedback on the logistics of your event. See Part B on F-17.

You may use the attached form (F-17a) to summarize the *District/Neighborhood Event Girl Participant Evaluations* (F-17). Please complete the total number of responses, the program level of the girls responding and the number of responses for each question. You may summarize the comments for the activity questions and suggestions for future events. If you have any questions about the evaluation of your event, please contact your Community Development Manager (CDM). Please submit the F-17A recap, *District/Neighborhood Summary of Participation*, (F-18) and the District/*Neighborhood Event Service Survey* (F-25) recap if applicable to your CDM, no later than four weeks after the event.

girl scouts of eastern missouri

APPLICATION FOR DISTRICT/NEIGHBORHOOD EVENTS

Date Submitted_____District _____ Neighborhood_____Event Year_____

Program/Age Levels [circle all that apply]: D B J C S A Adult

Event Date/s_____ (for non-camp use only) Overnight Event _____Yes _____No

Name of Event _____

Event Location _____

Event Director _____[D] _____[E]_____

Address_____City/Zip_____

Email_____

Certified Camper (for events at camp) _____

D/N Manager Signature _____ Date_____

COMPLETE AN ACTIVITY SCHOLARSHIP EVENT NOTIFICATION FOR DISTRICT AND NEIGHBORHOOD EVENTS IF NEEDED

CEDARLEDGE			TUCKAHO			FIDDLECREEK		
Unit	Cost		Unit	Cost		Unit	Cost	
Ahwenasa	$45		Covered Wagons	$45		Happy Acres	$45	
Totem Village	45		Prairie Schooners	45		Pleasant Valley	45	
Cypress Meadows	60		Dogwood Dell	60		Hill & Dale	45	
Glen	60		Persimmon Patch	60		Glen & Vale	45	
Gypsy Dell	45		Raccoon Ridge	60		Ridgetop	45	
Daisy Dell	45		The Village	45		Hilltop	45	
Kiamecia	60		Sun Flower Meadow	45		Gaylord	75	
Skyview	60		Merry Oaks	60		Sequoia	75	
Tanda	60		Log Cabins	45		Dogpatch	35	
Timber Trails	60		Frontier Village	45		Day Outing	-0-	
Border Village	45		Tree Houses	45		Kitchen	75	
Cliffs End	45		Maple Grove	45				
Bright Star	65		Boones Loft	75				
Rocky Ledges	45		Carver House	75				
Boulder Ledges	45		Sacajawea	75				
Luckystone Lodge	65		Tuck East	75				
Manor House	65		Tuck West	75				
Petite Chalet	65		Hickory Lane	35				
Gail's Place	75		Mystery Pond	30				
Wohl Lodge	75		Green Ridges	-0-				
Prim Lake	35		Kitchen	75				
Whispering Winds	35							
Conestoga	35							
Day Outing	-0-							
New Dining Hall Kitchen	75							

Request for Camp Use

Date of Event:
1st Choice_____
2nd Choice_____
3rd Choice_____

Location of Event:
1st Choice_____
2nd Choice_____
3rd Choice_____

Note: No District/Neighborhood Event Camping April 22-May 31 and September 15-October 24. (on council owned property)

*Other facilities and equipment required: (canoes, pool, activity areas, etc.)_____

**Camp Supervisors Name:

Phone:_____

(Supervisor will be assigned if not listed here. Submit requests to camp department by August 1st for November-April events or December 1st for May-October events.)

**Note: Please confirm availability with Camp Supervisor before listing.

* The F-11 is due one year before the event date (ie: by April 30th for events the following April) for events involving camp.
*Note: Public use areas and facilities are still open for public unless the event has the entire camp (every unit) reserved and confirmed.

For Service Center Use Only

Girl Development Department Approval for Camping and Non Camping Events

Community Development Manager _____Date _____

Assistant Director, Girl Development _____Date _____

Routing: CDM: – White Event Director - Canary Neighborhood Manager/District Manager - Pink *Event Director sends copies to Event Business Manager and D/N Press Rep.

Approval for Camping Events: Camp Department Approval

Camping Resource Specialist _____Date _____

Director, Camping Services and Facilities_____Date _____

Routing: Camping Resource Specialist – White Community Development Manager will make and keep a copy. Above routing stays the same.

SAMPLE

girl scouts of eastern missouri

Activity Scholarship Application

Instructions

1. Submit one application per Girl Scout, per program. Keep a copy for your records.
2. Current Activity Scholarship Application must be completed entirely to be considered. Incomplete forms will result in a processing delay.
3. Activity Scholarship Application must be sent in with the program registration form to the address listed on the registration form (unless for a District or Neighborhood event or troop camping).
4. Allow four weeks for processing.
5. Refer to Activity Scholarship Guidelines for more information
6. Questions about activity scholarships can be directed to Manager, Registration Services at 314.592.2330.

SECTION A- Individual Girl Requests

Please print clearly. All information will be kept confidential.

1. Legal name of girl:_____

   Address:_____

   City:_____ State:_____ Zip:_____

   Day Phone:_____ Evening Phone:_____

   Adult E-mail:_____

   Current Program Level (circle): D B J C S A Current Grade: _____

   Troop #:_____ Troop Leader:_____ District/Neighborhood:_____

2. _____ _____ _____

   Father's Occupation Employer Work Phone

   _____ _____ _____

   Mother's Occupation Employer Work Phone

3. Ages of Each Dependent Child in Family:_____ Total People in Household:_____

   If you have other children applying for financial assistance, please list their name/s:

   _____

4. Check range of total family **gross** income per year (please include child support, social security, public assistance, etc.):

   ☐ $0 - $9,999 ☐ $15,000 - $19,999 ☐ $30,000 - $49,999 ☐ $75,000 - $99,999

   ☐ $10,000 - $14,999 ☐ $20,000 - $29,999 ☐ $50,000 - $74,999 ☐ $100,000 and Greater

5. Racial/Ethnic Background (optional)

   The following information is requested only to measure progress toward serving all girls in our jurisdiction. Please check:

   _____White _____Black _____Asian/Pacific Islander

   _____American Indian/Alaskan Native _____Hawaiian/Pacific Islander _____Also Hispanic

   The registrant's ethnic background is (please check one): __ Hispanic or Latino __Not Hispanic or Latino

6. Disability Information

   GSEM welcomes the participation of all girls and adults and will make reasonable accommodations to persons with disabilities. To help GSEM better serve your child, please indicate whether or not the participant is in need of a reasonable accommodation in order to fully participate in the program. The Disability Coordinator, Ashley Todd, will contact you to answer questions and discuss accommodation requests. You can also contact her directly at 314.592.2358 or at *atodd@girlscoutsem.org*.

   Do you or your child need a reasonable accommodation? _____Yes _____No

7. Last GSEM financial assistance award received: Year_____ Amount $_____

8. Please be specific on the explanation of why you need assistance (e.g. high medical expenses, unemployed, support of aged/disabled family member, etc.):

_____

_____

_____

_____

_____

_____

9. Please complete for program for which a scholarship is being requested (a separate form is required for each program):

Name of Program/Event:_____

Date/s of Program/Event:_____

Name of Event Registrar (for District or Neighborhood events only):_____

Total Cost of Program/Event per Participant: $_____

Amount Sent with Program Registration: $_____

The Following Amounts to be Contributed From: Family $_____ Troop $_____ Girl $_____
(money earned by girl)

Amount needed: (must complete) $_____

10. Parent/Guardian Signature:_____ Date:_____

SECTION B- Troop Leader Request (for supplies to make it possible to serve a troop girl with a disability).

1. Name of Troop Leader:_____

Address:_____

City:_____ State:_____ Zip:_____

Day Phone:_____ Evening Phone:_____

E-mail:_____

Current Troop Program Level (circle): D B J C S A Current Grade:_____

Troop #:_____ Troop Leader:_____ District/Neighborhood:__

2. Racial/Ethnic Background (*optional*)
The following information is requested only to measure progress toward serving all girls in our jurisdiction. Please include totals based on entire troop:

_____White _____Black _____Asian/Pacific Islander

_____American Indian/Alaskan Native _____Hawaiian/Pacific Islander _____Also Hispanic

The registrant's ethnic background is: (please check one) __Hispanic or Latino __Not Hispanic or Latino

3. Funds to be used for the following:

Program/Event Name: _____ Program Date: _____

Program Supplies/Activities:

_____ $_____

_____ _____

Total Requested: **$**_____

Number of girls to benefit from funds:_____ Date when funds are needed:_____

4. Troop Leader Signature:_____ Date:_____

For Office Use Only

Initials of Registration staff approving program acceptance:_____Date:_____

Approved amount: $_____ Balance due: $_____

Signature of approving staff:_____Date:_____

Girl Scouts of Eastern Missouri
Activity Scholarship Guidelines

The following guidelines are applicable for all activity scholarship requests, including summer programs. However, additional information about summer program requests is included in #3.

1. Activity Scholarships are available for event/program fees in excess of $15 for the following:

- *destinations*
- Council-sponsored programs/events
- Resident camp
- Day camp
- Larks
- District and/or Neighborhood event Girl Scout participant fees
- District and/or Neighborhood trips (maximum award is limited to 10 percent of fee, with the award not to exceed $150)
- Troop camping
- Program supplies for troops serving a girl with a disability, which would make it possible for that girl to participate in Girl Scouting with the troop

Activity Scholarships are not available for:

- Troop dues
- Troop trips
- Uniform items
- Insignia
- Awards
- Books and materials
- Adult participation in girl events (please use Volunteer Assistance Application for adult requests)
- Out-of-Council Girl Scouts

2. General information

A. Financial need-based activity scholarships are provided to girls who do not have the necessary funds needed to participate in a Girl Scout program.
B. In order to implement the flexible and innovative programs that meet the interests and needs of all girls, we must use our funds wisely for the largest number of girls.
C. GSEM's non-discrimination policy shall apply to the granting/awarding of all Activity Scholarships
D. The girl must be a registered Girl Scout in GSEM and accepted into a program before scholarship application is considered
E. Activity scholarships are not awarded for event/program fees that are $15 or less
F. Applications must be received at the Girl Scout Service Center no later than two weeks prior to an event.
G. Activity scholarships are non-transferable and valid only for the girl and session for which they are awarded.

3. Financial information

A. The family must demonstrate an actual need for financial assistance (e.g. high medical expenses, unemployment, support of aged/disabled family member, etc.).
B. Award or grant is made based on financial need
C. Maximum activity scholarship combined total of $150 per year per Girl Scout for all programs except resident camp and *destinations*
D. Financial assistance is designed to supplement family resources, not replace them. Every effort should be made for a portion of the cost to be paid by the Girl Scout's family and/or troop. Remember, any amount you can contribute allows us to serve more girls
E. All details concerning financial assistance requests are kept confidential

4. Troop Events

A. Activity Scholarships are not designed to underwrite event costs for an entire troop
B. Troops should set goals and plan and budget for activities, keeping in mind the cost of planned activities, the member's ability to pay and the troop's money-earning potential. Doing so provides girls with valuable life skills for self-sufficiency.

5. District/Neighborhood Events

A. Assistance for District and Neighborhood events must be considered as a last resort
B. The program registration is to be sent to event registrar (not Council), the activity scholarship application is to be sent to the Girl Scout Service Center

6. destinations

A. If applying for *destinations*, attach a breakdown of all anticipated trip expenses

7. Summer Programs Only

A. Activity Scholarships are provided for only one resident camp per girl per year
B. Scholarships will be considered, initially, for first choice events
C. Activity Scholarships for summer camp programs are non-transferable and are valid only for the girl and session for which they are awarded

8. Activity Scholarship Review Process

A. Submit the completed form along with the program registration form to Girl Scouts of Eastern Missouri, 2300 Ball Drive, St. Louis, MO 63146. If applying online for a resident camp program, mail the Activity Scholarship Application to the above address, stating the program registration was done online. Online deposits will not be refunded.
B. Allow 3 weeks for processing
C. Notification of the activity scholarship award and the program acceptance is sent together via US mail. The acceptance/rejection letter must be returned prior to the award being processes on the girl's account.
D. A Council check will be sent to the appropriate party for activity scholarship awards for District/Neighborhood events/trips or troop supplies for a Girl Scout with disabilities and *destinations*.

Contact: Manager, Registration Services at 314.592.2300 with any questions regarding activity scholarships.

girl scouts of eastern missouri

Activity Scholarship Event Notification for District and Neighborhood Events

1. Event Coordinator/Registrar submits Activity Scholarship Event Notification form to the Girl Scouts of Eastern Missouri (GSEM) Manager, Registration Services, prior to any scholarship application submission so the request can be processed in a timely manner.

2. The event fee requested must be over $15 and is for Girl Scout (grades K -12) registration fees only.

3. The parent of each event participant requesting assistance must submit a completed Activity Scholarship Application. Incomplete forms will not be accepted.

4. After activity scholarships are awarded, an award letter is sent to the participant's parent, noting award amount and balance due.

5. The "acceptance" portion of the Activity Scholarship award letter is sent back to the Girl Scouts of Eastern Missouri Manager, Registration Services, and the balance due is sent to the Event Registrar.

6. After the event registration closes (per date below) and once all acceptance letters are received at the Service Center, a check for the total amount awarded to all participants is mailed to the event registrar listed below.

District:_ Neighborhood:__ Date of Event:_____

Name of Event:_____

Program Level (circle all that apply) D B J C S A

Check One: District Event ☐ or Neighborhood Event ☐

Registration opens: _____ (date) Registration closes: _____ (date)

Event Registrar:_____ Day Phone :_____

Address: _____ City: _____ Zip:_____

Email Address: _____ Fax :_____

Event/Program Fee per participant: _____ Date Activity Scholarship money is needed:_____

Special instructions:_____

_____

Submit this form to:
Girl Scouts of Eastern Missouri Service Center
Manager, Registration Services
2300 Ball Drive
St. Louis, MO 63146

girl scouts of eastern missouri

Budget for District/Neighborhood Events

District:_____ Neighborhood:_____ Event Name/Location: _____ Date of Event:_____

Business Manager:_____ Phone:_____Email:_____

INITIAL BUDGET	REVISED BUDGET	FINAL BUDGET
INCOME Balance from Previous Event = _____ # of Girls: _____ X fee_____ = _____ # of Adults: _____ X fee _____ = _____ Other _____ = _____ TOTAL = _____	**INCOME** _____ = _____ _____ = _____ _____ = _____ _____ = _____ _____ = _____ Total = _____	**INCOME** _____= _____ _____ = _____ _____ = _____ _____ = _____ _____ = _____ Total = _____
EXPENSES Site/Camp Fee _____ ea. X ____ fee = _____ Patch/Recognition _____ ea. X ___ fee = _____ Food/person _____ ea. X _____ fee = _____ Transportation fee = _____ Flyer Printing fee = _____ Postage fee = _____ Non-Member Insurance fee = _____ Program resources, crafts, consultants, product, equipment, etc. Item = Cost: _____ = _____ _____ = _____ _____ = _____ _____ = _____ TOTAL = _____	**EXPENSES** _____ =_____ _____ = _____ _____ = _____ _____ =_____ _____ =_____ _____ =_____ _____ =_____ _____ =_____ Total = _____	**EXPENSES** _____ =_____ _____ = _____ _____ = _____ _____ =_____ _____ =_____ _____ =_____ _____ = _____ _____ =_____ Total = _____
Total Income: _____ Total Expense: -_____ Balance +/-_____	Total Income _____ Total Expense -_____ Balance +/- _____	Total Income _____ Total Expense - _____ Balance +/- _____

If funds remain, recommended use? _____

District/Neighborhood Manager Initial Approval _____ District/Neighborhood Manager Final Approval _____

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girl scouts of eastern missouri

EVENT ACCOUNT WORKSHEET

District: _____ Neighborhood: _____ Date of Event: _____

Name and Location of Event: _____

Business Manager: _____ Phone:_____Email: _____

Event Director: _____ Phone:_____Email: _____

Date	Item	Income	Expenses	Total Cash on Hand
	TOTALS			

Business Manager sends copies to: Neighborhood Manager, Event Director and Neighborhood Treasurer

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girl scouts of eastern missouri

Registration Check-In

District: _____ Neighborhood: _____ Event Name/Location: _____ Date: _____

Participants						Race/Ethnic					
Program Level	Troop #	#Girls Registered	# Girls Attending	# Adults Registering	# Adults Attending	W	BK	Hisp	A/PI	AI/AL	Disabilities

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girl scouts of eastern missouri

District/Neighborhood Event Girl and Adult Participant Survey

District/Neighborhood: _____ Circle one: District Event Neighborhood Event

Name of Event: _____ Location: _____

Event Director's Name: _____ Phone: _____

Email: _____

Number of girls (by program)/adults participating:

D____ B____ J____ C____ S____ A ____ Registered Adults ____ Non Registered Adults ____

Part A: Read the questions to the Girl Scouts and record the number of yes and no answers.

Did you:

1. Have fun? Yes____ No____
2. Help make your troop's decision to attend? Yes____ No____
3. Discover something you do well? Yes____ No____
4. Choose to help someone? Yes____ No____
5. Learn something you can use in your everyday life? Yes____ No____
6. Try something you'd never done before? Yes____ No____
7. Listen to others in your group when you made a decision? Yes____ No____
8. Feel a part of your Girl Scout Community? Yes____ No____
9. Get to know people who are different from you? Yes____ No____
10. Ask an adult for help when you needed it? Yes____ No____
11. Get to help make your community a better place with a service project? Yes____ No____
12. What was your favorite activity? _____
13. What would you suggest for this event next time? _____

Part B: All adults respond.

Number of adults responding on this page: _____

Rate each aspect of this event :

	Excellent	Very Good	Good	Needs Improvement	N/A
Program Selection					
Program Activity					
Food					
Facilities					
Publicity					
Confirmation Information					
Logistics					

Suggestions for future events:

_____

_____

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District/Neighborhood Event
Girl and Adult Participant Survey Recap

District/Neighborhood: _____ Circle one: D Event N Event

Name of Event: _____ Location: _____

Event Director's Name: _____ Phone: _____

Email: _____

Number of girls' responses in each Program Level:

D____ B____ J____ C____ S____ A ____ Registered Adults ____ Non Registered Adults ____

Part A: Girl Responses

Record the number of how many girls said:

1. This event was fun. Yes____ No____
2. They helped make their troop's decision to attend. Yes____ No____
3. They discovered something they do well. Yes____ No____
4. They chose to help someone. Yes____ No____
5. They learned something they will use in everyday life. Yes____ No____
6. They tried something they'd never done before. Yes____ No____
7. They listened to others when they made a decision. Yes____ No____
8. They felt a part of the Girl Scout community. Yes____ No____
9. They got to know people different from them. Yes____ No____
10. They got to help make the community a better place through a service project. Yes____ No____
11. They asked an adult for help when they needed it. Yes____ No____
12. Summarize favorite activities: _____

_____

13. Summarize suggestions for this event next time:_____

_____

Part B: Adult responses/Number of adults responding on this page: _____

Record the number of how many adults said:

	Excellent	Very Good	Good	Needs Improvement	N/A
Program Selection					
Program Activity					
Food					
Facilities					
Publicity					
Confirmation Information					
Logistics					

Summarize suggestions for future events: use back of form.

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District/Neighborhood Summary of Participation

Event Type: District or Neighborhood (circle one) Date Submitted:_____

Event Director's Name: _____ Email: _____

Address:_____ Phone:_____

Event:

Title: _____

Date: _____ Site: _____

Purpose:_____

Describe activities/programs at the event: _____

_____

Attendance:

No. of Girls: D___ B___ J___ C___ S___ A___ Non-Girl Scouts: _____Juliettes: _____ Total: _____

No. of Troops: D___ B___ J___ C___ S___ A___ Total: _____

No. of Girl Scout Adults: _____ No. of Non Girl Scout Adults: _____ Total:_____

Race/Ethnic Background (optional):

This information is requested only to measure progress towards serving all girls and adults in our jurisdiction. Please indicate the total number in each category and check all that apply:

Girls: ___White ___Black ___Asian/Pacific Islander ___American Indian or Alaska Native ___Also Hispanic
___Other ___Multiple

Adults: ___White ___Black ___Asian/Pacific Islander ___American Indian or Alaska Native ___Also Hispanic
___Other ___Multiple

Disability Information:

Were any accomodations requested?: Y___ N___

Were any requests fulfilled?: Y ___ N___ If no, please describe: _____

Physical Arrangements: Were space, utilities and equipment adequate? Y___ N___

Describe any difficulties, if any:_____

List incidents, if any: _____

Was an incident report completed: Y ____ N ____

IF THERE WAS A SERVICE PROJECT CONDUCTED AT THIS EVENT, PLEASE REMEMBER TO INCLUDE PROGECT INFORMATION AND COLLECTION RESULTS TO THE SEASONS OF GIVING SITE.

Copies of this Summary should be sent to the Event Director, District Manager and/or Neighborhood Manager, Community Development Manager, Assistant Director/Girl Development and Director of Research and Evaluation

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girl scouts of eastern missouri

District/Neighborhood Event Service Survey

Responses from (check one) Group: ____ Individual: _____

Activity name:_____ Date: _____

Location:_____

If a group, indicate number in group: Cadettes ____ Seniors _____ Ambassadors _____

A. All girl participants complete this section.

1. I had fun at this activity. Yes____ No____
2. I had to be flexible as I gave this service. Yes____ No____
3. I want to continue to give service in my community. Yes____ No____
4. Did adults help at this activity? Yes____ No____
   If so, did you learn something new about working with other people? Yes____ No____
5. Was training provided for this activity? Yes____ No____
   If so, was the training sufficient? Yes____ No____
6. I would like to do this activity again. Yes____ No____
7. The best part of this activity was:

   _____

9. I suggest the following to improve this activity:

   _____

10. I have participated in this service activity _____ times, including this time.

B. Participants who delivered service to younger Girl Scouts or other children, also complete this section:

1. I learned something new about younger children. Yes____ No____
2. Because the younger Girl Scouts/children were watching me, I became more aware of my actions. Yes____ No____
3. I know more about how to lead younger children now. Yes____ No____
4. I led a part of this activity for younger children. Yes____ No____
5. I think the younger Girl Scouts/children had fun. Yes____ No____
6. They tried something new. Yes____ No____
7. They learned something new. Yes____ No____

C. Participants who helped design the service activity, also complete this section:

1. I said my ideas while planning this event. Yes____ No____
2. I listened to everyone's ideas during planning. Yes____ No____
3. I thought about the point of view of others while deciding. Yes____ No____
4. I voted on the design of this service activity so the goals were met. Yes____ No____
5. I met my responsibilities as a member when my team planned and delivered service. Yes____ No____

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District/Neighborhood Event Service Survey Recap

Number of responses: Cadettes _____ Seniors _____ Ambassadors _____

C. Record the number of yes and no answers. Girl Scouts who said they:

1. Had fun at this activity. Yes____ No____
2. Had to be flexible as they gave this service. Yes____ No____
3. Want to continue to give service in my community. Yes____ No____
4. Were helped by adults at this activity. Yes____ No____
5. Learned something new about working with other people. Yes____ No____
6. Would like to do this activity again. Yes____ No____
7. Summarize comments_____
8. Record number in each range.

   First time _____ Two/three times _____ More than three times _____

B. Record the number of yes and no answers. Girl Scouts who said they.

1. Learned something new about younger children. Yes____ No____
2. Became more aware of their actions Yes____ No____
3. Know more about how to lead younger children now. Yes____ No____
4. Led a part of this activity for younger children. Yes____ No____
5. Think the younger Girl Scouts/children had fun. Yes____ No____
6. Think the younger children tried something new. Yes____ No____
7. Think younger children learned something new Yes____ No____

C. Record the number of yes and no answers Girl Scouts said they:

1. Said their ideas while planning this project. Yes____ No____
2. Listened to everyone's ideas during planning. Yes____ No____
3. Thought about the point of view of others while deciding. Yes____ No____
4. Voted on the design of this activity so the goals were met. Yes____ No____
5. Met their responsibilities as a member when their teams planned and delivered service. Yes____ No____

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KW/sk
5/23/2013

Girl Scouts of Eastern Missouri
Incident Report Form

Location Name: _____ Session: _____

Date of Incident: _____ Hour _____ am ❑ pm ❑
Day of Week Month/Day/Year

Type of Incident: ❑ Verbal ❑ Physical ❑ Other (describe) _____

Name of primary involved person _____
Last First

Age _____ Sex _____ ❑ Child ❑ Adult ❑ Aide Phone _____

Address _____
Street City State Zip

Other involved people: 1) _____

2) _____

3) _____

Describe detailed sequence of activity; include what individual was doing at time: _____

_____

_____

_____

_____

If primary involved person is a minor, name of Parent/Guardian: _____
Last First

Notified on _____ by whom _____
Last First

Title: _____

If not notified, why not: _____

Parent/Guardian response:

_____

_____

_____

_____

_____

_____

Incident Report (continued)

Where did incident occur? Specify location of witnesses and person involved. Attach drawing if possible.

_____

_____

_____

Was any equipment involved? ❑ Yes ❑ No If so, what kind?

_____

_____

Emergency procedures followed at time of incident:

_____

_____

_____

By whom: _____ Position: _____

What could the individual have done to prevent incident?

_____

_____

Witnesses: (attach signed statements if possible)

Name: _____ Position: _____
Last First

Phone_____

Name: _____ Position: _____
Last First

Phone_____

Council Staff notified: (e.g. On-site Director, Camping Services Manager, Director of Camping Services and Facilities, etc.)

Name: _____Date: _____

Name: _____Date: _____

Name: _____Date: _____

Submitted by _____ Position _____

Date _____

JLM/ 8/6/07 C-075 Incident Report Form

Position Papers

Girl Scouts of Eastern Missouri developed *Position Papers* to address issues that are of concern to the membership of the Council. These papers address the rational for the Council's position, any background information relative to the position, and the Council's position. Please refer to the following papers, which pertain to areas of particular importance for District and Neighborhood events:

- Adults as Advisors When Girl Scout Cadette, Senior, and Ambassadors Girl Scouts Serve as Program Leaders/Aides
- Appropriate Girl Scout Songs and Skits
- Co-ed Program Activities/Service Projects
- Contraband Material at Girl Scout Activities
- Helicopter Display Guidelines
- Lice
- Pressurized Fuel Appliances
- Girl Scout Ambassador as Adult Leaders
- Sensitive Issues
- Smoking Guidelines for Adults Participating in Girl Scout Activities
- Smoking Guidelines for Girls Participating in Girl Scout Activities
- Use of Helium filled Latex or Mylar Balloons

Note: If you do not have a copy of *Position Papers*, it is available on our website or you can request a copy from your Neighborhood Manager or Community Development Manager (CDM).

Community Development Manager Phone Listing by District

District 1	314.592.2301
District 2	314.592.2302
District 3	314.592.2303
District 4	314.592.2304
District 5	314.592.2305
District 6	314.592.2306
District 7	314.592.2307
District 8	314.592.2308
District 9	314.592.2309
District 10	314.592.2310
District 11	573.880.8040
District 12 (Neighborhoods 1, 5, 6, 7)	573.486.2899
District 12 (Neighborhoods 2, 3, 4, 8 , 10)	314.592.2313
District 14	314.592.2314
District 15	660.956.0623
District 16	573.248.8755
District 17	217.242.1768
District 18	636.395.7353