

Girl Scouts of Eastern Missouri 2300 Ball Drive St. Louis, MO 63146 314.592.2300 • 800.727.4475 girlscoutsem.org

APPLICATION FOR ALL CAMPING ON NON-COUNCIL-OWNED SITES

IS YOUR	<u>GROUP</u>	'ELI	GIBLE F	OR A	NON-COUNCIL-O	<u>WNED</u>	SITE C	<u>AMPII</u>	NG TRIP	?
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☐ We are registered as a Girl Scout Troop. **(REQUIRED)** See *Safety Activity Checkpoints* and *Girl Scout Volunteer Essentials* for more information.

Adults supervising a Girl Scout camping activity must be registered, background checked and approved prior to participation

☐ This is a troop camping experience of less than one week in duration that takes place within, or no more than 100 miles beyond Girl Scouts of Eastern Missouri boundaries. (If the trip is more than 100 miles beyond Girl Scouts of Eastern Missouri boundaries, please use the Troop Trip Application process.)

APPLICATION PROCEDURE:

- 1. This application <u>must</u> be submitted at least **ONE** month prior to the camp trip date.
- 2. A troop camp-certified adult must accompany the group. Submit a copy of the certification with this application.
- 3. A certified First Aider must accompany the group if the destination is less 30 minutes away from EMS. To be a First Aider the individual must have both first aid and Adult and Child CPR/AED certifications from a Council-approved agency. These certifications cannot be split up between individuals attending the activity.
 - The following healthcare providers may also serve as First Aiders: physician, physician's assistant, nurse practitioner, registered nurse, licensed practical nurse, paramedic, military medic and emergency medical technicians who have current certification in Adult and Child CPR/AED.
- 4. For those destinations whose access to EMS is 30 minutes or more, an individual certified in Wilderness First Aid is required. Submit a copy of the certification with this application.
- 5. Unless the troop is using a Missouri State Park, Girl Scouts must have a Certificate of Insurance (COI) on file for the property used for the activity. If the property used does not currently have a COI on file, submit a copy with this application. A list of current COIs on file at Council can be found at girlscoutsem.org.
- 6. Applications must be submitted with your Neighborhood Manager's signature.
- 7. Applications must include a roster of all the adults and children attending the camping trip.
- 8. Keep a copy of this application, and mail the original with copies of certifications and COI if applicable to:

Girl Scouts of Eastern Missouri Attn: Senior Manager, Risk Management 2300 Ball Drive St. Louis, MO 63146

After the Camp Department has received your application, you will receive, via email, a NON-COUNCIL-OWNED CAMP APPROVAL RESPONSE indicating the status of this application.



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Date Submitted	Troop#	District	Neighborhood	Progi	ram Level
			_	_	
City, State, Zip:					
CAMPING TRIP: D	ate of Departure	e:		Date of Retur	n:
Destination:			City, State, Zip:		
Owner/operator of o	camping trip des	tination:			
Number of girls regis	stered in troop_	Number of	girls going	Ages	Number of adults going
☐ Certifica	ate of Insurance	is enclosed	☐ Certificate o	f Insurance is	on file with GSEM
PURPOSE OF CAM	IPING TRIP: _				
CAMP ACTIVITIES	S: Check those a	ctivities in whic	ch you expect to parti	cipate:	
☐ Swimming	□Boa	ting	☐ Other:		
ADULTS: Complete	where applicable	: :			
		*			ons required for processing. the trip's destination):
Name:					
Address:		Cit	y, State, Zip:		
Expiration date of ce	ertification: Adul	t CPR/AED	Child C	PR/AED	First Aid
Troop Camp Certi	f ied Adult (Cop	y of certificatio	on required for proces	sing):	
Name:			Address:		
City, State, Zip:					
Type of Certificati	ion:				
☐ Troop Camp	A-Z		☐ Troop Camp Fa	st Track	

Lifeguard (Copy of Red Cross certified by <i>Safety Activity Checkpoints</i>):	ication required for swimming & boating if	f site does not provide personnel as required
Name:	Address:	
City, State, Zip:		
Certified Small Craft Safety Pers personnel as required by Safety Action	sonnel (Copy of Red Cross certification red vity Checkpoints):	quired for boating if site does not provide
Name:	Address:	
City, State, Zip:		
Other Adults (list names and address	ses):	
Name and phone number of nearest	hospital/clinic:	
•		
Applicable emergency (ambulance, p	police/sheriff) phone numbers (911 service	or local numbers):
Time to access EMS services if neede	ed?	
Contact Person: Person to be conta	acted in case of emergency and available d	uring entire time of trip:
Name:		
	Work Phone:	
	ati ai s	
Address:	City, State, Zi	p:
District/Neighborhood Manager's Na	me (print):	
District/Neighborhood Manager's Sig	nature:	Date:
Phone:	Email Address:	
_	e reviewed this application and endorse the	
Troop Leader or Trip Organizer S	Signature:	Date:
Keep a copy of this application and en	mail form & COIs or other certificate copie	s to Lisa Namnath, Director of Risk

Management at lnamnath@girlscoutsem.org or mail original with certification copies to:

Girl Scouts of Eastern Missouri Attn: Senior Manager, Risk Management 2300 Ball Drive St. Louis, MO 63146