



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 GROUP ELIGIBLE FOR A NON-COUNCIL-OWNED SITE CAMPING TRIP?

- 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 must 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 www.girlscoutsem.org.
6. Applications must be submitted with your Neighborhood Manager's signature.
7. 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: Director, Camping Services & 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 _____ Program Level _____

TROOP LEADER or TRIP ORGANIZER: _____

Phone: _____ Cell phone: _____

Address: _____

City, State, Zip: _____

Email: _____

CAMPING TRIP: Date of Departure: _____ Date of Return: _____

Destination: _____ City, State, Zip: _____

Owner/operator of camping trip destination: _____

Number of girls registered in troop _____ Number of girls going _____ Ages _____ Number of adults going _____

Certificate of Insurance is enclosed

Certificate of Insurance is on file with Girl Scouts

PURPOSE OF CAMPING TRIP: _____

CAMP ACTIVITIES: Check those activities in which you expect to participate:

Swimming

Boating

Other: _____

ADULTS: Complete where applicable:

Certified First Aider (Copy of First Aid, Adult CPR/AED and Child CPR/AED certifications required for processing.

Wilderness First Aid is required when access to EMS is 30 minutes or more away from the trip's destination):

Name: _____

Address: _____ City, State, Zip: _____

Expiration date of certification: Adult CPR/AED _____ Child CPR/AED _____ First Aid _____

Troop Camp Certified Adult (Copy of certification required for processing):

Name: _____ Address: _____

City, State, Zip: _____

Type of Certification:

Troop Camp A – Z

Troop Camp Fast Track

Lifeguard (Copy of Red Cross certification required for swimming & boating if site does not provide personnel as required by *Safety Activity Checkpoints*):

Name: _____ Address: _____
City, State, Zip: _____

Certified Small Craft Safety Personnel (Copy of Red Cross certification required for boating if site does not provide personnel as required by *Safety Activity Checkpoints*):

Name: _____ Address: _____
City, State, Zip: _____

Other Adults (list names and addresses): _____

Name and phone number of nearest hospital/clinic: _____

Applicable emergency (ambulance, police/sheriff) phone numbers (911 service or local numbers): _____

Time to access EMS services if needed? _____

Contact Person: Person to be contacted in case of emergency and available during entire time of trip:

Name: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Address: _____ City, State, Zip: _____

District/Neighborhood Manager's Name (print): _____

District/Neighborhood Manager's Signature: _____ Date: _____

Phone: _____ Email Address: _____

D/N Manager's Comments: I have reviewed this application and endorse the plans with the following comments:

Troop Leader or Trip Organizer Signature: _____ **Date:** _____

Keep a copy of this application and mail original with certification copies to:

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