

## Guidelines for Girl Scout Meetings and/or Activities in the Home

**The safety and protection of girls and adults is paramount to a fun, leadership-building experience for girls. It is essential that the volunteer understand the importance of the Girl Scout Safety Guidelines. Safety is the top priority of Girl Scouting, and girls will benefit from the safe environment that allows them to be at their best, while developing critical leadership-building skills.**

**The following guidelines must be met before an approved volunteer can hold any meeting or activity in a private home. Please submit all items to [mvp@gsmists.org](mailto:mvp@gsmists.org).**

- Permission to Meet in the Home Application and Approval Form must be completed and approved by GSMISTS.
- Copy of current homeowner's/rental insurance coverage on file with GSMISTS.
- Adults who are 18 and over and living in the home has completed/consented to a criminal background check.
- Parent Permission for Girl to Attend Home Meetings/Activities in the Home Form must be on file with the volunteer who is holding meeting/activity for each girl. In addition, parents/guardians will need to provide health-history information and permission to treat girls in an emergency.
- Adult-volunteer-to-girl-ratios must be met at all times. During all meetings/activities, the lead volunteer, co-volunteer(s), and other responsible approved adults designated by the lead volunteer must be present, according to the recommended ratios of girls to volunteers.
- Must meet all first-aid requirements as noted in the Safety Activity Checkpoints.
- Emergency evacuation plan must be created and practiced with all exit routes and kept on file with volunteer who is holding meeting/activity for each girl.

# Permission to Meet in the Home Application and Approval Form

An application and approval are required for any meetings or activities that will be in a private home. Include Criminal Background Check Form on any adults in the home and Homes Owner's Insurance with this application. Please submit this completed form to [mvp@gsmists.org](mailto:mvp@gsmists.org). Allow at least 4 weeks for processing.

## TROOP INFORMATION

Service Unit (Name or Number):

Name of Volunteer (Leader) in charge of group:

Email of Volunteer in charge of group:

Adult(s) that own Home where meeting will take place:

Additional Adults (18 years or older) that live in home:

Address, City, State, Zip of Home where meeting will take place:

Type of Activity:    ( ) Regular Girl Scout troop meetings    ( ) Girl Scout activity series/event

## MEETING/ACTIVITY LEADER/ADVISOR AGREEMENT

Please initial each of the following items to acknowledge that you have read and understand guidelines.

\_\_\_ A minimum of two unrelated adults (one of whom must be female), plus additional girl/adult ratios will be present during the entire meeting/activity.

\_\_\_ All girls are currently registered Girl Scouts; all adult leaders/advisors are approved volunteers with a Volunteer Application on file with GSMISTS and are current Girl Scout Members.

\_\_\_ Written permission for each girl to attend a meeting/activity in a private home including emergency information, health history and permission for medical treatment are on file at the home of meeting/activity.

\_\_\_ Adults who are over 18 and living in the home have completed a Criminal Background Check Form or Volunteer Application and is on file with GSMISTS.

\_\_\_ Home is accessible to people with disabilities.

\_\_\_ First Aid equipment is on site.

\_\_\_ Pets are in a safe & secure location completely separate from girls while girls are present in home.

\_\_\_ Copy of current Homeowner's/Rental insurance coverage is attached to this application and covers injuries/medical.

I am aware of and agree to comply with all standards in *Safety Activity Checkpoints* and GSMISTS policies and procedures for meeting/activity in the home. I understand that only approved meeting location/activity following all guidelines with registered members of GSUSA are covered by basic plan insurance. Damage to property is not covered.

Signature of Troop Leader/Advisor: \_\_\_\_\_ Date: \_\_\_\_\_

## FOR OFFICE USE ONLY

\_\_\_ Home approved

\_\_\_ Home application not approved for the following reason: \_\_\_\_\_

Signature of Staff: \_\_\_\_\_ Date: \_\_\_\_\_

## Parent Permission Form For Girl to Attend Meetings/Activities in the Home

Please return this form to leader. Leader keep on file.

Please keep the top portion of this form so that you will have a record of where we are and how you can reach us in the event of an emergency. **A signed parent permission is required for all activities outside of the normal Troop meeting. If the bottom portion is not completed, signed, and returned prior to the event or activity, your Girl Scout will not be able to attend.** Return to Troop Leader/Advisor by: \_\_\_\_\_.

Troop # \_\_\_\_\_ Activity: \_\_\_\_\_  
Date: \_\_\_\_\_ Time: \_\_\_\_\_ to \_\_\_\_\_ Location: \_\_\_\_\_

In the event of an emergency, contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Cost for this activity is: \$ \_\_\_\_\_ Items to bring: \_\_\_\_\_

**\*\*Transportation**

Drop Off: _____	_____
Time	Location
Pick Up: _____	_____
Time	Location

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Girl Scout Name: \_\_\_\_\_, has my permission to participate in all events & activities at \_\_\_\_\_ with Troop # \_\_\_\_\_, on \_\_\_\_\_, between the hours of \_\_\_\_\_ and \_\_\_\_\_. I will not allow her to attend if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease. In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts of Michigan Shore to Shore to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

I also understand that during the course of this event, photographs, videos, or audio recordings may be taken which may include my Girl Scout. I hereby consent that such photos, videos, or audio recordings may be used by the Girl Scouts of Michigan Shore to Shore in the promotion of Girl Scouting.

\*\* I understand that I am responsible for complying with the transportation arrangement noted. If my Girl Scout is not picked up on time after the activity, the troop leader/advisor will first attempt to contact me and then the emergency contact listed on this permission form. As a last resort, if none of the persons identified are available or willing to pick up my Girl Scout, I understand that the leader/advisor may, at her discretion, contact the proper authorities for assistance in locating me.

\_\_\_\_\_  
Parent or Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Home/Cell Phone

\_\_\_\_\_  
Work Phone