

## SERVICE UNIT CAMPOREE/INGATHERING PARTICIPANT & ACTIVITY FORM

This form is a summary of all girl, adult, and volunteer participants and activities scheduled for a Service Unit Camporee or Ingathering. The Service Unit Camporee / Ingathering Chair is responsible for completing and submitting this form 14-days prior to the Camporee/Ingathering start date.

### Instructions:

1. Complete the fillable SU Camporee/Ingathering Participant & Activity form.
2. Save the completed form.
3. Email the form to [customercare@gssef.org](mailto:customercare@gssef.org)

### SERVICE UNIT CAMPOREE/INGATHERING – GENERAL INFORMATION

<b>Service Unit Name</b>		<b>GSSEF Camp Reserved for Camporee/Ingathering</b>	
		Camp Welaka	Camp Nocatee
<b>Camporee/Ingathering Chair Name</b>	<b>Phone</b>	<b>E-mail</b>	
<b>Camporee/Ingathering Secondary Contact</b>	<b>Phone</b>	<b>E-mail</b>	
<b>Emergency Contact Name (at home)</b>	<b>Phone</b>	<b>E-mail</b>	
<b>Camping Start Date</b>	<b>Start Time (check-in)</b>	<b>Camping End Date</b>	<b>Camping End Time (check-out)</b>
<b>Provide a brief description of the Camporee/Ingathering theme and scheduled activities</b>			

<b>Camporee will include:</b>		
Service Unit Participants Only  Participants from Multiple Service Units (list)  Family Camping (list sites to be used for family camping)  Day Campers Allowed                      Arrival Time:                      Departure Time:		

## CAMPING PARTICIPANTS AND INSURANCE

Registered Girl Scouts		Non-Registered Participants (Tag-Alongs) <i>(Tag-along participation is at the discretion of the Service Unit)</i>		
# Girls	# Adults	# Adults	# Girls Under 5	# Boys

All girls' ages 5-18 and all volunteers must be registered members of Girl Scouts of Southeast Florida in order to participate in a GSSEF SU Camporee/Ingathering. If your camporee/ingathering includes participants that are not required to be registered, have you purchased non-Girl Scout participant insurance coverage? Yes No

## ADD-ON ACTIVITIES & ADULT TRAINING/CERTIFICATION CHECKLIST

Check if activity is scheduled	Certification	Name of Volunteer	Cert. Expiration or Completed Date	Certificate Attached?	
	Archery			Yes	No
	Archery			Yes	No
	Canoeing			Yes	No
	Canoeing			Yes	No
	Pool/Lifeguard			Yes	No
	Pool/Lifeguard			Yes	No
	ServSafe Food Manager			Yes	No
	ServSafe Food Manager			Yes	No

## SCHEDULED PROGRAM PROVIDERS

Provider Company Name (1)	On-site Contact Name <i>(from provider company)</i>
Arrival Date & Time	Departure Date & Time
Activity or service to be provided	Certificate of Insurance (COI) provided
	Yes <i>(send copy via email)</i> No

## SITE ASSIGNMENTS, CERTIFIED VOLUNTEERS & GIRL/ADULT RATIOS

From the drop-down list select the site and list the Troop Camp Trained (TCT) adult, the First Aid/CPR certified adult, girls, and any additional adults assigned to the site for the Camporee/Ingathering. REMINDER: Each site must have a TCT adult volunteer and a First Aid/CPR certified adult volunteer, with completed background checks, on site at all times and girl/adult ratios must be maintained at each site at all times throughout the Camporee/Ingathering.

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				Yes No
First-Aid/CPR Certified Adult Volunteer Name		Background Check Exp. Date	Cert. Expiration or Completed Date	Certificate Attached?
				Yes No
Registered Girl Members Assigned to Site		Adults Assigned to Site		
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G2)	G23)	A2)		
G3)	G24)	A3)		
G4)	G25)	A4)		
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G16)	G37)	A16)		
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## TRANSPORTATION & SAFETY

***This form is provided as a sample.*** Each troop is to submit a copy of this form to the SU Camporee/Ingathering Chair as part of their Troop Camporee/Ingathering Travel form. The SU is to submit a copy of each form received by the troops participating in the Camporee/Ingathering.

Mode of Transportation & Drivers		
Individual Vehicles	Rental Car(s)/ Charter Bus	Other (specify):
Check if all parents are driving their own child, and only their own child. (If this box is checked, and girls are only traveling with their parent/guardian, the box below may be left blank.)		

### Drivers and Background Checks

In the space below, enter the name and background check expiration dates of all adults transporting girls other than their own child during the event.

Name of Adult Transporting Girls	Background Check Expiration Date

**Please note:**

- Anyone who is driving a vehicle with 12 or more passengers must be a professional driver who possesses a commercial driver's license (CDL). ***Fifteen (15) passenger vans are deemed unsafe and strictly prohibited. Fifteen (15) passenger vans may never be used to transport girls.***
- [Council Volunteer Policies and Procedures](#) require that adults transporting girls, in vehicles during the activity, must be registered volunteers.

## SERVICE UNIT ACKNOWLEDGMENT OF TROOP TRAVEL FORMS

Travel forms for each Troop participating in the Camporee/Ingathering have been received and reviewed by the SU Camporee/Ingathering Chair or her/his designee. Check the box below to confirm receipt of all Troop forms and confirmation of adult driver criminal background checks.

All registered adult volunteers who are transporting children other than their own to/from the SU Camporee/Ingathering have a current Criminal Background Check (CBC).

### SAFETY & ACTIVITY CHECKLIST *(Indicate yes or no for each item)*

All girls are registered members of Girl Scouts of Southeast Florida.	Yes	No
All Adults listed as part of the Girl to Adult ratio have a current Criminal Background Check (CBC)	Yes	No
All standards and guidelines as stated in Volunteer Essentials and the <a href="#">Safety Activity Checkpoints</a> (SAC) will be adhered to.	Yes	No
All applicable Safety Activity Checkpoints have been verified and all vendors being used possess the certifications required for this activity and that the correct girl/adult ratios have been met.	Yes	No
Parental Permission slips have been received for all girl participants.	Yes	No
Health History forms have been received for all girl participants.	Yes	No
All Girl/Adult ratios have been planned for and will be maintained.	Yes	No
Certified First Aiders will be on site as required with an up-to-date, stocked first aid kit, that they will be able to easily access for the duration of the activity; and the location and phone number of the nearest hospital will be readily available.	Yes	No
Emergency procedures have been developed and discussed with all participants.	Yes	No

### SERVICE UNIT CAMPOREE/INGATHERING FINANCES

Estimated total cost of Camporee/Ingathering	
Amount to be paid from Service Unit Treasury	
Amount to be paid by each Girl	

## ACKNOWLEDGEMENT AND SUBMISSION

*By signing and submitting this form, I acknowledge that I am responsible for:*

**Initial**

Collecting written parent/guardian permission, health histories and medication permission forms.	
Ensuring all <a href="#">Safety Activity Checkpoints</a> for this activity have been reviewed, and the information shared with the Troop members and parents participating in the activity.	
Ensuring girl/adult chaperone ratios are maintained with registered adult volunteers with current background checks for the duration of the activity.	
Ensuring only registered adult volunteers with current background checks will transport children other than their own during this activity.	
Following all safety activity guidelines, in the <a href="#">GSSEF Volunteer Policies and Procedures</a> , Volunteer Essentials Manual and <a href="#">Safety Activity Checkpoints</a> , acquired additional insurance (if applicable) and have submitted (or will submit) any supplemental trip documentation necessary.	

<b>SU Camporee/Ingathering Chair Signature</b>	<b>Date</b>
<b>Email</b>	<b>Phone While at Camp</b>

For Office Use Only

Form Approved	By:	Date:
Form Not Approved	By:	Date:
Reason(s) not approved:		
Date entered into SF:                      Date entered into SU Record:		