

Appendix: Forms

Guide to GSCI Forms

Note: MDM = membership development manager

Form name	When do I use it?	Turned in to?	Who can help me?	Who is it completed by?	Timing for completion?
Volunteer Application	Application for a volunteer position, completed once	Registrar or volunteer services	Registrar, MDM, volunteer services, community organizer	All volunteers	Completed once at time of registration, unless time has lapsed between volunteer positions
GSUSA Membership Registration Form	To register girl or adult in Girl Scouts, completed every year	Service unit registrar or council registrar	MDM, council or service unit registrar	All registered adults and girls	Before starting Girl Scout activities, membership year is October 1 – September 30
GSUSA Dues Summary	Summary of registration information and dues	Service unit registrar or council registrar	MDM, council or service unit registrar	Leader or service unit registrar	Completed with every batch of registrations yearly
Troop Annual Report	Year end report of troop	Service team	MDM, service team, leaders	Troop leaders	End of the year, due date is May 31
Troop Program Assistance Grant Application	Financial assistance for troops to participate in programs	Girl Scouts of Central Indiana	Program department, MDM	Leader	At least 3 months prior to the event
Blanket Permission//Health History	Permission for activities around the troop meeting place, health history	Troop leader, form is kept in troop records	Service team and MDM	Parents	Form completed at start of every membership year
Special Permission	Every field trip	Troop leader	Service team and MDM	Leaders	Depends on the event
Intent to Travel	Permission for more than two nights away activity	Program department	Service team, MDM, program liaison	Troop leader	Three months prior to trip

Optional troop resources

Troop Attendance Record	Record attendance of troop members	Troop leader	Showcase, service team, other leaders	Girls and registered adults	Ongoing throughout the membership year
Individual girl Record	Record of Girl Scout activities	Troop leader	Showcase, service team, other experienced leaders	Troop leader, girl or parent or guardian	Ongoing throughout the membership year
Troop Dues Record	Record of meeting dues	Troop leader, troop treasurer	Showcase, service team, other experienced leader	Troop leader, troop treasurer (girl or adult)	Ongoing throughout the membership year
Detailed Cash Record	Record of troop income and expenses	Troop leader, troop treasurer	Showcase, service team, MDM	Troop leader or troop treasurer	Ongoing throughout the membership year

Forms can be found at www.girlscoutsindiana.org, GSCI service centers, or at service unit meetings. The Blanket Permission/Health History, Special Permission, Intent to Travel, and Troop Annual Report forms are attached following.

Girl Scouts of Central Indiana
Blanket Permission/Health History
Program year 20____-20____

(Leader's name) _____, as leader of troop # _____ of Girl Scouts of Central Indiana Council, has my permission to take, (girl's name) _____ outside of our meeting place for playing games or short hikes around the block.

X Signature of parent/guardian _____ Date _____

Health history information is optional

Indicate information useful to the adult in charge of any health conditions affecting your Girl Scout.

Indicate any activities to be restricted for your Girl Scout.

Name of family physician _____ Physician's phone (____) _____

Family medical/hospital insurance carrier _____ Policy or group # _____

I know of no reason(s), other than the information indicated on this form, why my daughter should not participate in prescribed activities. I am aware that this health information will be released in the event of an emergency.

When the troop makes plans that include an activity away from the meeting place, such as a longer hike, a picnic or an overnight camping trip, I will be notified by another type of form known as a special permission form. This form will give detailed information about the activity.

X Signature of parent/guardian _____ Date _____

This form should be completed and kept with the troop each membership year.

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Revised 08/07



Girl Scouts of Central Indiana
Special Permission Form

Troop _____ Date _____ Destination _____

Address _____ Phone (____) _____

Briefly describe activities _____

Arrangements for transportation

Time and place of departure _____

Time and place of return _____

Type of transportation _____

Leaders accompanying the girls

Name _____ Name _____

Fees

Troop pays _____ Girl pays _____ Optional spending money _____

Money due to troop leader by (date) _____

Each girl will need

Other equipment and clothing _____

In case of an emergency

Leader will notify the troop emergency contact person who will immediately notify the parents.

Emergency contact person _____ Phone (____) _____

Leader's signature _____

Tear off bottom half and return to troop leader by (date) _____

My daughter _____ has permission to attend the Girl Scout trip to _____
_____ and participate in the above described activities.

During the activity, I may be reached at (phone) (____) _____

If I cannot be reached in the event of an emergency the following person is authorized to act on my behalf: Name _____ Phone (____) _____

Relation to participant _____

Address _____ City _____ ZIP _____

Additional remarks: Please note if your child has any specific limitations and/or special needs, including medications. Use additional sheet if necessary.

Parent's Signature _____ Date _____

Each outing requires individually signed permission.

Girl Scouts of Central Indiana
Intent to Travel

Troops traveling on trips lasting more than two days must submit this form for approval by the program department. This form should be completed by the troop leader six weeks prior to leaving for a continental United States destination and no less than seven months prior to any foreign destination.

International trips will be approved six months prior to departure date.

Additional insurance is required for trips lasting longer than two nights.

Refer to these sections of *Safety-Wise* as you plan your activity:

- Girl Scout program standards
- Activity checkpoints
- Planning trips with Girl Scouts

Service unit _____ Troop number _____
 Name _____ Phone (____) _____
 Street address _____ # participating (g) _____ (a) _____
 City, state, ZIP _____ County _____
 Troop(s) participating _____

Departure/return details

Date, time and location of departure _____
 Date, time and location of return _____
 Destination _____
 Street address _____
 City, state, ZIP _____

Have reservations been made? Yes No

What means of transportation will you be using on this trip? _____

What is the goal of the trip? _____

Please attach to this form an itinerary of routes, approximate driving times, overnight lodging stops and list of participants. Notify your service unit manager of trip plans. Take insurance forms on all trips. Additional insurance is required for trips longer than two days and should be purchased four to six weeks in advance of your departure date from Girl Scouts of Central Indiana. You do not have to file a form for any trips that are council-sponsored.

Budget		Method of finance	
Anticipated cost		Troop money	_____
Activity fees	_____	Individuals	_____
Meals	_____	Donations	_____
Transportation	_____	Other	_____
Lodging	_____	Total	_____
Total	_____		

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 Revised 8/07



Girl Scouts of Central Indiana

Troop Annual Report

Program Year 20__ - 20__

The Troop Annual Report is due May 31 and is completed annually by the troop leader and reviewed. Please complete and submit to your service unit manager. Completion is necessary to be considered a troop in good standing.

Date _____ Troop _____ Service unit _____ County _____

Leader _____ Phone (_____) _____

1. What activities were most meaningful to your girls and what did they learn? _____

2. What service projects did your troop complete? _____

3. Have you had any problems this year, how did you solve them, and did you receive support, if so from whom?

4. What organization(s) did you collaborate with this year? _____

5. Name of bank _____ Street address _____

City _____ Bank account # _____

6. Persons authorized to sign troop checks or make transactions:

1. _____ 2. _____ 3. _____

7. What is the anticipated troop bank balance as of Aug 31? _____

8. How do the girls plan to use these remaining funds, if over \$500? _____

I certify that all the information provided on this annual report is true and complete.

Signature _____ Date _____

Service unit manager use only

- Successful completion of commitment, recommended for future positions.
- Recommended for reappointment to current position.
- Recommended for following position _____
- Not recommended for reappointment.

Supervisor Signature _____ Date _____



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