girl scouts of southeastern new england

Adult Volunteer Permission & Acknowledgement Form

This form should be completed by each adult volunteer who plans to attend / chaperone a Girl Scout troop or service unit activity outside the regular meeting place or time. The form should be turned in to the troop leader / volunteer in charge prior to the activity.

Event/Trip Destination: _____

Date(s): _____ **Troop # / Service Unit Name:** _____

Leader in Charge of the Event: _____ **Phone:** _____

Transportation to the destination will be: ❑ Provided by caregivers ❑ organized by the troop

The group will meet at _____

Place *Date/time*

Adult Participant Information

Volunteer Name: _____

Phone: _____ **Email:** _____

Emergency Contact Name: _____ **Emergency Contact Phone:** _____

*** Note: A current Adult Health History Form must be on file with the troop / service unit before participation.***

Acknowledgment of Participation

I understand that I am participating as a registered Girl Scout adult volunteer/chaperone for the event described above. I acknowledge the following:

- I am required to have a current Girl Scout membership and background screening(s) on file with GSSNE.
- I have been informed of the nature, location, and activities involved in this event/trip.
- I agree to follow all Girl Scout safety guidelines, policies, and youth-adult supervision ratios (as noted in the GSUSA Safety Activity Checkpoints, GSUSA Volunteer Essentials, and GSSNE's Policies, Procedures, & Standards Manual).
- I understand my role is to support the youths' experience, model the Girl Scout Promise and Law, and ensure safety and inclusion for all participants.
- I understand that participation may involve certain risks, and I voluntarily accept those risks.
- I authorize Girl Scout personnel to obtain emergency medical care for me if needed.
- I understand that this signed form serves as my consent to participate in the event described.

Media Permission

I give consent that photographs taken of me during this event may be used for publicity purposes by GSSNE / GSUSA

❑ YES ❑ NO

Signature of Adult Volunteer: _____ Date: _____

For Troop / SU Use Only (Leader / SUM Checkboxes):

☐ Health History Form on File
☐ Registered & Background Checked
☐ Assigned Role (e.g., driver, chaperone, station lead): _____
☐ Reviewed Safety Activity Checkpoints