



## Troop Trip Application

Complete this form only for the following types of trips (If you need supplemental insurance only, please complete the Supplemental Insurance Request Form instead (<http://www.hngirlscouts.org/resources/forms/all-forms/>):

1. **International Travel** (due 1 year in advance)
2. **Cruises** (due at least 1 month in advance)
3. **High Risk Activities\*** (due 1 month in advance) (\*Not required for activities that are happening on council property or are part of Service Unit Events)

\*High Risk Activities involve the following:

- Anything involving handling of guns such as riflery, shooting ranges, etc.
- Indoor skydiving
- Any activities in whitewater such as rafting, kayaking, etc.
- High elements such as ropes, climbing walls, rappelling, etc.
- Motor sports with extreme speeds or on rough/exposed terrain such as speed boats, ATVS/snow mobiles/jet skis, NASCAR experience/race car type things.
- Land sports with extreme speed like downhill skiing & horseback riding (not pony rides)
- Scuba Diving
- Indoor Trampoline
- Primitive or Backpacking Trips

Before completing this application, refer to the Volunteer Essentials manual (<http://www.hngirlscouts.org/resources/forms/volunteers/>) and Safety Activity Checkpoints (<http://www.hngirlscouts.org/resources/forms/programs-safety-activity-checkpoints/>) for specific emergency procedures and first aid safety guidelines for each activity. Be sure to follow all standards that apply to your trip and any activities you plan.

Troop Leader Name		Troop Number	Level(s): (D, B, J, C, S, A):	Service Unit
Troop Leader Street Address		City, State		Zip
Day Phone		Evening Phone		Email Address
# Registered Girls Attending:	Women: # Registered: # Not Registered*	Men: # Registered # Not Registered*	# Tag-a-longs:  See supplemental insurance below	<b>Total # of Participants:</b>
Destination		Complete Address		Mileage (one way)
Departure Date:	Departure Time:	Return Date:	Return Time:	

### **SUPPLEMENTAL INSURANCE**

- Required for trips lasting more than 2 consecutive nights (or more than 3 nights if one is a federal holiday).
- Required for non-registered adults and tag-a-longs for any Girl Scout activity. Tag-a-longs are defined as younger siblings, boys, or a registered Girl Scout who is not of the proper age for the activity and is not participating as a service project.

#### **SUPPLEMENTAL INSURANCE FEE SCHEDULE**

**\*\*\*\*\*MINIMUM CHARGE = \$5.00 for any policy below\*\*\*\*\***

Send a check to GSHNC, payable to Mutual of Omaha. To calculate the amount, you must count each day of the trip starting with the day of departure and including the day of return.

<input type="checkbox"/> Plan 2 – Accident only	Total # of Participants	x # of Days	x 11 cents = \$
<input type="checkbox"/> Plan 3P – Accident and Sickness**	Total # of Participants	x # of Days	x 70 cents = \$
<input type="checkbox"/> Plan 3E – Accident and Sickness	Total # of Participants	x # of Days	x 29 cents = \$
<input type="checkbox"/> Plan 3PI – International Accident and Sickness	Total # of Participants	x # of Days	x \$1.17 =

\*\*Mutual of Omaha serves as the primary insurance

### **HIGH RISK ACTIVITIES**

Are you applying for a trip that involves any high risk activities?  No  Yes  
 If yes, please list those activities here: Names of Facilitators (or note if provided by facility): Date coursework complete:

Troop First Aider (Adult):  Date FA Certification Expires Date CPR Certification Expires	Emergency Contact Person (not going on trip):  Phone Day: Evening: Cell:	Be sure your Emergency Contact Person: <input type="checkbox"/> Has a copy of the complete itinerary <input type="checkbox"/> Has contact information for all parents (Names and phone numbers) <input type="checkbox"/> Knows GSHNC's emergency communication procedures (Daisy card)
<p><b>MODE OF TRANSPORTATION</b></p> <input type="checkbox"/> Leader's/Parent's vehicle <input type="checkbox"/> Borrowed vehicle <input type="checkbox"/> Leased vehicle <input type="checkbox"/> Vans <input type="checkbox"/> Chartered Bus <input type="checkbox"/> Train <input type="checkbox"/> Boat <input type="checkbox"/> Plane		
The troop/group leader is responsible for ensuring that each driver of motorized private transportation must be at least 21 years old, hold a valid operator's license appropriate to the vehicle, and show proof of liability insurance. State laws must be followed.		
<p><b>LEASED OR BORROWED VEHICLE REQUIREMENTS</b></p> Read all rental agreements to be sure you comply with their terms and avoid surprises. Note the minimum age of drivers (often 25), as well as the maximum age (often under 70). Be sure the car is adequately insured, knowing who is responsible for damage to or the loss of the vehicle itself.		
<p><b>VEHICLE INSURANCE</b></p> Please note: Vehicle insurance is the responsibility of the driver. Neither Girl Scouts, Hornets' Nest Council nor GSUSA is responsible for damages done to vehicles while driven by volunteers.		

- I have a detailed itinerary that I am submitting with this form.
- I have included a list of all participants (girl and adult).
- I have completed the 2 required courses to be a Girl Scout Leader (verify information below):

\_\_\_\_\_ Leader 101  
(Date)

\_\_\_\_\_ Girl Scouting 101  
(Date)

- I have reviewed the Trip Training Requirements Chart (<http://www.hngirlscouts.org/resources/forms/all-forms/>) for courses required for specific types of trips and have verified that the appropriate courses have been completed by myself or the outdoor trained adult for my troop.

Course	Name of person with course credit	Date of Course
<input type="checkbox"/> Level 1: Be Safe, Be Ready		
<input type="checkbox"/> Level 2: Fire Building & Outdoor Cooking		
<input type="checkbox"/> Level 3: The Overnight Camp Experience		
<input type="checkbox"/> Level 4: Primitive Camping		
<input type="checkbox"/> Level 5: Backpack Preplan/Overnight		

- I agree that by submitting this form I have read the Volunteer Essentials manual as well as the Safety Activity Checkpoints that pertain to this trip and have followed the prescribed safety standards in developing this trip. I understand that this trip may not be approved if all trip planning procedures and safety standards have not been met.

Leader Signature or Typed Name if Submitting Electronically: \_\_\_\_\_ Date \_\_\_\_\_

GSHNC APPROVAL \_\_\_\_\_ Date Received by Service Center \_\_\_\_\_

\_\_\_\_\_ Approved    \_\_\_\_\_ Not Approved, Reason \_\_\_\_\_

GSHNC Staff Signature: \_\_\_\_\_ Date \_\_\_\_\_