

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:**

- 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

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An application and approval are required for any meetings/events that will be in the home. Submit to Service Center at least four weeks prior to meeting/event in the home. Include Criminal Background Check Form on any adults in the home and the Homes Owner's Insurance with this application.

TROOP/GROUP 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:	List of 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 group/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; which covers injuries/medical.	
I am aware of and agree to comply with all standards in <i>Safety Checkpoints</i> 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 Group Leader/Advisor: _____ Date: _____	
Service Unit Director Endorsement Signature: _____	Date: _____
___ Home approved ___ Home application <u>not</u> approved for the following reason: _____	
Staff Signature: _____	Date: _____
FOR OFFICE USE ONLY	
Date received: _____	
Received by: _____	
Submit to: Director of Volunteer Services	
Updated 8/14 (f/MVP/Forms-Volunteer)	



Parent Permission Form

For Girl to Attend Meetings/Activities in the Home
Please keep this for your records

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Group/Troop # _____ Regular meeting /activity: _____

Meeting /Activity: Date: _____ Time: _____ to _____

Location: _____

In the event of an emergency, contact: _____ Phone: (____) _____

Keep the top portion so you will have a record of where we are and how you can reach us in the event of an emergency. **Signed parent permission form is required for all meeting/activities in the home. If the bottom portion is not completed, signed, and returned prior to the meeting or activity, _____ will not be able to attend!**

Your Girl Scout, _____

Return bottom portion of this form to the leader/advisor by: _____
Date Due

Girl Scout Name: _____, has my permission to participate in all meetings and activities at the home _____ with Group/Troop # _____, 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,;

Name Relationship to Girl Scout

Address Phone #

Name Relationship to Girl Scout

Address Phone #

I also understand that during the course of the meeting/activity, 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.

Parent or Guardian signature Date

Address Home Phone Work / Message Phone

**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 meeting/activity, the group 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.

Please return to Leader—Leader to keep on file