



# Permission to Meet in the Home Application and Approval Form

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An application and approval are required for all meetings/events that will be held in a private home. Submit to Service Center at least four weeks prior to meeting or having event at the home... A minimum of two unrelated adults (one of whom must be female), plus additional approved adults will be present during any meeting/event.

Date Received \_\_\_\_\_

TROOP/GROUP INFORMATION		
Group/Troop #	Service Unit	Girl Scout Level
Leader/Advisor/Adult in charge		
Email		
Homeowner's/Renter's name(s) <small>(Please refer to mortgage policy/homeowner's/rental's insurance policy)</small>		Address
City, State, Zip		Daytime Phone #
Evening Phone #		Cell Phone #
GS Trained Group Leader/Advisor attending		Follow Safety Activity Checkpoints, if additional trained adult is needed.
Currently Certified FA/CPR adult attending		

ACTIVITY INFORMATION	
Type of Activity <input type="checkbox"/> Group <input type="checkbox"/> Troop <input type="checkbox"/> Regular Girl Scout meetings <input type="checkbox"/> Girl Scout activity within Council jurisdiction  ___ number of Girl Scouts ___ number of adults	
Non-attending adult - name of emergency contact person	Emergency Contact Phone # Alternate Phone #
Emergency contact address	

MEETING/ACTIVITY LEADER/ADVISOR AGREEMENT					
Please initial each of the following items to acknowledge that you have read and understand guidelines. <input type="checkbox"/> A minimum of two unrelated adults (one of whom must be female), plus additional approved adults to meet required girl/adult ratios will be present during the entire meeting/activity. <input type="checkbox"/> All girls are currently registered Girl Scouts; all adult leaders/advisors currently registered Girl Scout members and have approved CBC/application on file. <input type="checkbox"/> Written permission for each girl to attend a meeting/activity in a private home including emergency information, health history and permission for medical treatment on file at the home of meeting/activity. <input type="checkbox"/> Any adult who is 18 or over and living in the home has completed/consented to criminal background check. <input type="checkbox"/> Home must be accessible to people with disabilities. <input type="checkbox"/> First Aid equipment must be on site. <input type="checkbox"/> Pets must be in a safe & secure location completely separate from girls while girls are present in home. <input type="checkbox"/> Copy of current Homeowner's/Rental insurance coverage is on file with GSMISTS; 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 give permission for a GSMISTS staff member to conduct a home visit if needed. 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: _____					
Email address for notification of approval: _____					
<table border="1" style="width: 100%;"> <thead> <tr> <th>FOR OFFICE USE ONLY</th> </tr> </thead> <tbody> <tr> <td>Date received: _____</td> </tr> <tr> <td>Received by: _____</td> </tr> <tr> <td>Submit to: Membership</td> </tr> </tbody> </table>		FOR OFFICE USE ONLY	Date received: _____	Received by: _____	Submit to: Membership
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<b>Service Unit Director Endorsement</b> Date: _____ Signature: _____					
<input type="checkbox"/> Home approved <input type="checkbox"/> Home approval PENDING for the following: _____ <input type="checkbox"/> Home application not approved for the following reason: _____					
GSMISTS Membership Staff Signature: _____ Date: _____					