



Troop/Group Activity Application(TGAA)

PLEASE CHECK: TROOP ACTIVITY SERVICE UNIT ACTIVITY OVERNIGHT (must complete both sides)

FOR TROOPS/GROUPS:

TGAA is not needed for: troop trips that are not high risk & within the state of NJ, GSNNJ Council-sponsored events, or trips that request Plan 2 Insurance.

TGAA is needed for: troop trips that are overnights/camping/adventurous activities, and for troop trips that require a Certificate of Insurance. Submit completed form to your Service Unit Manager (SUM) two weeks prior for approval.

Attach troop roster from GSNNJ Volunteer Toolkit.

FOR SERVICE UNIT ACTIVITIES: Submit to SUM for approval. SUM forwards to Troop Support Manager.

TGAA is needed for: All Service Unit events/overnights/camping/adventurous activities. Submit completed TGAA to your Troop Support Manager two weeks prior for approval and attach troop roster(s) from GSNNJ Volunteer Toolkit.

Intent to Travel form is needed for: Trips lasting more than three nights for troops & Service Unit events.

TROOP INFORMATION: Activity: _____ Date of Activity: _____ Location: _____
Service Unit: _____ Troop # _____ Age Level: _____ No. of Girls: _____ No. of Adults: _____

LEADER INFORMATION: Name: _____
Cell #: _____ Email: _____

MEMBER IN CHARGE _____
Cell #: _____ Email: _____

Are all participants registered Girl Scouts? Yes If No, complete & submit Plan 2 Insurance form.

Date Plan 2 Insurance form submitted: _____

Is **Certificate of Insurance** needed? No Yes Check website for updated COI's & instructions. If facility is not listed, the volunteer contacts the facility & requests a COI. Email COI to customercare@gsnnj.org or fax to 973-248-8050, Attn: Customer Care.

MODE OF TRANSPORTATION: Private Car (if transportation is part of GS activity, drivers must complete Self-Driving Certification)
 Transportation on own Chartered Bus* Train Other

*Name of Bus company _____ Refer to Certificate of Insurance on our website for approved Bus Companies. All bus contracts must be signed by Chief Operating Officer.

EMERGENCY CONTACT (at time of event): _____ Cell # _____
(Must be registered with current background check)

First Aider/CPR: Name: _____ Cell # _____

Overnight Orientation: Name _____ Cell # _____

Troop Camper: Name: _____ Cell # _____
(needed if cooking or building an open fire)

Lifeguards: Name: _____ Cell # _____

Water Watcher: Name: _____ Cell # _____

I have read & agreed to follow the safety and security policies, procedures, and guidelines as stated in Volunteer Essentials, the Safety Activity Checkpoints, and Tools to Lead Procedures Guide.

Leader/Member in Charge Signature: _____ Date: _____

Service Unit Mgr. Signature: _____ Date: _____

Application has been Approved Not Approved

GSNNJ Volunteer/Staff Position Signature: _____ Date: _____

Page 2: Overnight Trips

All adults attending overnight trips must be registered, approved volunteers who have completed the volunteer application and background check process. (Please attach a GSNNJ Roster)

Overnight Activity – lasting no more than two nights except for federal holiday weekends

Departure Date: _____ Time: _____ Place: _____

Return Date: _____ Time: _____ Place: _____

Estimated Cost per Person \$ _____ How will this activity/trip be financed? _____

Itinerary – Attach additional sheet, if necessary

Day 1: _____

Day 2: _____

Day 3: _____

Type of Accommodation

Location: _____ Phone: _____

Location: _____ Phone: _____

Troop/Group – List names, addresses, and phone numbers

Service Unit - List troops/groups, levels, contact persons

1. _____

2. _____

3. _____

Person in Charge: _____

Address: _____

City: _____ State: _____ Zip: _____

This GSNNJ application has been

APPROVED

NOT APPROVED

If not approved, why? _____

GSNNJ Staff Signature: _____ Title: _____ Date: _____