



Troop/Group Activity Application (TGAA)

TGAA is not needed for troop trips that are not high risk, within the state of NJ, or for Council-sponsored events

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

FOR TROOPS/GROUPS:

TGAA is needed for troop trips that are high risk/overnight/camping 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. 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 not including Federal Holidays.

TROOP INFORMATION: Activity: _____ Date of Activity: _____ Location: _____

Service Unit: _____ Troop # _____ Age Level: _____ No. of Girls: _____ No. of Adults: _____

LEADER/MEMBER IN CHARGE OF ACTIVITY: _____

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 (not attending the 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: _____



Troop/Group Activity Approval (TGAA)

Page Two

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: _____