girl scouts
of northern
new jersey

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 attending_____ No. of Adults attending _____

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:_____

Revised November 2022

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: _____