girl scouts of new mexico trails

Extended Overnight Trip Application

For trips of 3 or more consecutive nights
NOT to be used for Council-sponsored trips of any length OR trips of 2 or less consecutive nights Application must be submitted to your local Membership Staff Member.

This checklist is intended to help organize forms that will need to be completed prior to departure. Please use this form as a planning checklist as the group plans their trip. *This form may be submitted in various iterations as plans change.* An asterisk "*" denotes forms necessary to turn in to council for approval.

- Extended Overnight Trip Application Packet (pages 1-7)
  - This 7-page form must be submitted for all overnight trips of 3 or more consecutive nights; however, when your Troop/Group begins planning, please submit pages 2, 3, & 4 when these details are known. *
  - Submit to Council 45 days prior for trips fewer than 350 miles and 3 months prior for trips greater than 350 miles.

- Adult Certifications
  - All participating adults must be a registered Girl Scout and have a current and approved Background Check on file with Council.
  - All Safety Activity Checkpoints and ratios must be followed.
  - CPR/First Aid must be obtained by an acceptable number of Approved Adults required by GSUSA adult to girl ratios. (See Volunteer Essentials for information.) *
  - The designated Trip Leader must have successfully completed Travel Training. (This does not have to be the Group Leader but they will assume all responsibilities related to the trip.)*
  - If the program will include any camping, at least one adult in the group must have successfully completed Outdoor Core.
  - All adults need to be added to the roster (in addition to the girls).

- Girl Information (per attending girl)
  - Health History and Parent Permission Form (use standard GSNMT form)

- Adult Information (per attending adult)
  - Health History
  - Copies of Driver License and Insurance Card for all volunteers driving during travel*

- Personal Conduct (page 7)
  - Program Event Code of Conduct signed by each girl and adult participant (Does not have to be turned into the council office).

- Other Documents as needed
- International Addendum if needed

Once Trip Application is complete leave a copy with:

Emergency Contact: _____ Phone Number: _____

Extended Overnight Trip Application

The Overnight Group Trip Application must be completed for all travel activities, including trips to Girl Scouts of New Mexico Trails Properties. This application is not to be used for Council-sponsored trips of any length OR trips two or less consecutive nights. Applications must be received by your local Membership Staff Member. You will be notified if your trip has been approved or denied. This form must be approved before girls proceed with further planning.

Date: _____ Group/Troop Name: _____ Service Unit: _____
Trip Leader: _____ Contact Number: _____
Email: _____

Program Level (check all that apply): ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador
Dates of trip: From: _____ To: _____
Place(s) Traveling to: _____
What is the purpose of this trip (i.e. service, eco-tourism, etc.)? _____
Are there high risk activities on this trip? Yes No If yes, type of activities: _____

Safety Activity Checkpoint Details

What Safety Activity Checkpoints are you using as references for this trip? _____

_____

Is a certified instructor needed for any of the activities? ☐ Yes ☐ No
If YES, please list who is leading those activities and their certifications or what company is being hired to lead the activity: _____

_____

_____

Adult First Aiders—Provide Copy of Certification/License with Application
Name _____ Phone _____ Certification & Agency _____
Name _____ Phone _____ Certification & Agency _____

Transportation

_____Private List drivers below
_____Leased/Rented Company: _____
_____Bus Company: _____
_____Train Company: _____
_____Plane Airline(s): _____ Flight #(s): _____
_____Watercraft Company: _____

Drivers: (Include copies of CURRENT Driver's License and Insurance Card)

(If needed, list additional driver(s) information on a separate paper.)

Name	D.L. #	Insurance Co	Policy #

Extended Overnight Trip Application

Emergency Contacts

Emergency Contact at Home (to relay information to families)
Name: _____ Phone: _____

Emergency Contact at Destination (to contact your group)
Name: _____ Phone: _____

Certifications

The adults listed below are participating on this trip and have completed the necessary training for this trip. See council guidelines for travel certifications. If necessary, list additional information on a separate sheet.

Name	Certification/Licensure *(i.e. First Aid/CPR, Group Travel training, Outdoor Core, Lifeguard, Riding Instructor, etc.)*	Date Completed	Expiration *(if applicable)*	Approved *(by Council)*

BUDGET (high level)		
NOTE: GROUPS ONLY PAY FOR REGISTERED GIRL SCOUTS AND SAFETY-WISE ADULTS		
Income		
Cash in Group Bank Account		$
Additional Cash from Girls	$ per girl _____ x # girls _____	$
Additional Cash from Adults	$ per adult _____ x # adults _____	$
Additional Cash from Non-Group Guests	$ per guest _____ x # guests _____	$
	TOTAL INCOME	$
Expenses		
FROM THE DAILY TRIP PLANNER SHEETS	**TOTAL EXPENSES**	$

Attach documentation with application for the following:

- Participant Roster
- Places you will be staying; include emergency contact information, address and phone number(s)
- Daily Trip Planner including times, locations and expenses
- Driver information for those not previously listed, if needed
- If applicable, include special consultants, resources, equipment, other groups or organizations involved and planned safety precautions (i.e. high risk activities)
- If needed, International Addendum

Extended Overnight Trip Application

Advisor/Leader Statement of Compliance:

- GSUSA Safety Activity Checkpoints and Girl Scouts of New Mexico Trails procedures have been reviewed and are being followed.
- All adult attendees are approved Girl Scouts of New Mexico Trails volunteers.
- Girl Scout representatives for these activities are properly licensed and all vehicles are registered, insured, maintained and have a legal seat and seatbelt for every passenger.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, contact information and have completed a Health History for each girl.
- The Group will always conduct themselves in a positive manner while representing Girl Scouts.

ACKNOWLEDGMENT OF RESPONSIBILITIES

I certify that the information in this Extended Overnight Trip Application Packet is correct and current to the best of my knowledge. I have attached all required forms and understand that I must keep my Regional Manager notified of any changes to our submitted plan. I have reviewed the Safety Activity Checkpoints and Volunteer Essentials for my planned trip. I understand that Group funds are to be used only for Group members—registered Girl Scouts and supervising adults.

I also understand that during the trip, each group will have a Health History for each person (youth and adults), first aid kit, roster of participants, name and phone number of emergency contact, and emergency procedure information. I understand providing misinformation could result in the trip not being covered by Girl Scout Activity Insurance and could increase personal liability.

Trip/Group Leader Signature: _____ Date: _____

COUNCIL USE ONLY

DATE RECEIVED: _____ *DATE APPROVED:* _____

DATE DENIED: _____ *IF DENIED, REASON:* _____

DATE OF NOTIFICATION: _____ *COUNCIL SIGNATURE:* _____

NEXT STEPS/RECOMMENDATIONS/COMMENTS: _____

Extended Overnight Trip Application
Girl Scouts of New Mexico Trails
Participant Roster

(Complete additional forms until all participants are listed.)

If any changes are made to this list a new form must be submitted to Council prior to departure. At that time, plans for the use of Group Funds will be evaluated with the group leader, GSNMT representative, Girl Scout and her parents. All attendees, including adults and family members, must be listed on roster in order to be covered under Mutual of Omaha insurance. Emergency Contact must be someone not on the trip.

For "Level," select Girl Scout Program Levels from the drop-down selection option.

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

Name: ______________________ Choose level: n/a
Emergency Contact #1: ______________________ Phone: ______________
Emergency Contact #2: ______________________ Phone: ______________

COUNCIL USE ONLY

DATE RECEIVED: ______________ *COUNCIL SIGNATURE:* ______________________

Extended Overnight Trip Application

DAILY TRIP PLANNER

Use a separate sheet for each day. If there is a change, resubmit updates on new form.

Date & Day of the Week	*COST PER PERSON*	*COST FOR GROUP*
MORNING		
TRAVEL ☐ Fly ☐ Drive ☐ Other *Factor in gas, fares, taxes other fees.*	$	$
BREAKFAST ☐ Girls Prepare ☐ Restaurant ☐ Other	$	$
Morning Activity	$	$
AFTERNOON		
TRAVEL ☐ Fly ☐ Drive ☐ Other *Factor in gas, fares, taxes other fees.*	$	$
LUNCH ☐ Girls Prepare ☐ Restaurant ☐ Other	$	$
Afternoon Activity	$	$
EVENING		
TRAVEL ☐ Fly ☐ Drive ☐ Other *Factor in gas, fares, taxes other fees.*	$	$
DINNER ☐ Girls Prepare ☐ Restaurant ☐ Other	$	$
Evening Activity	$	$
LODGING ☐ Hotel ☐ Campsite ☐ Other	$	$
TOTAL EXPENSES FOR THE DAY	$	$

Code of Conduct Agreement

To be retained by the Troop Leader

Attendees will:

- act and speak positively to all attendees and staff
- respect the people and places with which they come in contact
- set a positive example and act as a role model for others
- treat everyone with respect at all times
- follow the Girl Scout Promise & Law at all times

This includes:

- respect for the belonging of others
- respect for facilities and equipment
- respect for the feelings and privacy of others

Attendees must:

- agree to accept their share of daily assigned activities and responsibilities

The following behaviors are considered very serious and will result in the loss of certain privileges, a phone call to the parent/guardian, and/or expulsion from future events:

- □ threatening harm to self or others
- □ verbal abuse of another attendee or adult
- □ the use of obscene language or gestures
- □ physical abuse of any kind including hitting, kicking, biting, pulling hair, etc. of another attendee or adult
- □ destroying property
- □ behavior that is constantly interfering with the quality of program others are receiving
- □ the use of sexual language, gestures, or inuendos

I have read and understand these behavioral expectations and agree to abide by them during the event.

Attendee Signature: _____ Date: _____

I have read and understand these behavioral expectations. Furthermore, I have discussed these expectations with my child and she agrees to abide by them during her attendance at the event.

Parent/Guardian Signature: _____ Date: _____