



# Application for High Risk Activities or Sensitive Topics

Activities needing council approval or activities not in the Safety Activity Checkpoints. Activities or Discussion of a sensitive nature see page 2.

## Application for High Risk Activity

Complete page 1 for all activities requiring council approval or not listed in [Safety Activity Checkpoints](#). **Submit to your Girl Scouts Western Washington staff representative 1 month prior** to activity or before deposits are due. This form must be approved before girls proceed with further planning. Certificates of insurance are required for any vendor or non-Girl Scouts of Western Washington facility utilized. You will be notified of the status of your request within 10 business days of submission.

<b>Date:</b>	<b>Group/Troop No.:</b>	<b>Service Unit:</b>	<b>Leader/Advisor at Event Name:</b>
<b>Day Phone:</b>		<b>Email:</b>	
<b>Grade Level:</b> Daisy <input type="checkbox"/> Brownie <input type="checkbox"/> Junior <input type="checkbox"/> Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/>			
<b>Number of Registered:</b> Girls _____ Adults _____			

Proposed Activity Date(s): \_\_\_\_\_ to \_\_\_\_\_

Planned High Risk Activity: \_\_\_\_\_

Is there a Safety Activity Checkpoint for this activity? Yes  No

If yes, are all Safety Activity Checkpoint guidelines being adhered to? Yes  No

If no, is there a Safety Activity Checkpoint similar to this activity? Yes  No

Does this activity require that participants or leaders have any special certifications? Yes  No

Does this activity require any special supervision? Yes  No

Has a certificate of insurance (verifying that location or organization meets Girl Scouts insurance standards – See [Insurance 101](#)) been obtained? Yes  No

Is this activity part of an extended trip? Yes  No  If yes, what are the trip dates? \_\_\_\_\_ to \_\_\_\_\_

Please attach a participant list. (If part of an extended trip participant list is not required)

Troop Emergency Contacts - Adults not at event to contact in case of emergency to relay information to families.		
Name	Preferred Phone Number (cell, home)	Alternative Phone Number (Cell, home, work, etc.)

Adult Training - The adults listed below have completed the trainings, workshops, and/or certifications required for this trip and are able to perform in their designated capacities.			
Name	Certification / Workshop (NRA Certification, Lifeguard Certification, etc.)	Date Completed	Expiration (If Applicable)

**Advisor/Leader Statement of Compliance:**

- GSUSA and Girl Scouts Western Washington health, safety, and emergency procedures are being adhered to.
- Appropriate permissions (including health forms) have been obtained for each girl.
- Our group will conduct itself in a positive manner as representatives of Girl Scouts.

**Advisor/Leader Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Date Received: _____	Approved: Yes <input type="checkbox"/> No <input type="checkbox"/>	If not approved, reason for not approving: _____
Date of Notification: _____	Next steps/Recommendations: _____	
Girl Scouts Western Washington Staff Representative Signature: _____		



# Application Sensitive Topics

Activities or Discussion of a sensitive nature.

## Application for Sensitive Topics

Complete for **all** activities and discussions that are of a sensitive nature. Subjects that are considered highly personal, or are rooted in individual, cultural, or religious beliefs and values, can be considered sensitive topics. As this definition does not cover all possible sensitive topics, please contact your staff member if you have questions. **Submit this form to your Girl Scouts of Western Washington staff representative 1 month prior** to discussing or participating in the planned activity. This form must be approved before girls proceed with further planning. You will be notified of the status of your request within 10 business days after submission.

Proposed Activity/Discussion Date(s): \_\_\_\_\_ to \_\_\_\_\_

Planned discussion topic:

\_\_\_\_\_

Planned Activities to support this Discussion (if applicable):

\_\_\_\_\_

Location of Activity/Discussion: \_\_\_\_\_

How will you create a safe space for girls to be comfortable (mental, physical, etc.)?

\_\_\_\_\_

What additional resources will you be using to facilitate this Activity/Discussion? \_\_\_\_\_

\_\_\_\_\_

Do you feel you need more help to facilitate this Activity/Discussion? \_\_\_\_\_

If so what? \_\_\_\_\_

Has there been an incident that precipitated the need/desire to discuss this topic? If so, please explain?

\_\_\_\_\_

Anything else you feel is relevant to this sensitive topic?

\_\_\_\_\_

Please attach a list of participants.

### Advisor/Leader Statement of Compliance:

- GSUSA and Girl Scouts Western Washington health, safety, and emergency procedures have been reviewed and are being adhered to \_\_\_\_\_.
- Parents/guardians are informed of the trip activities, safety and emergency procedures, and contact information \_\_\_\_\_.
- Appropriate permissions (including health forms) have been obtained for each girl \_\_\_\_\_.
- Our group will conduct itself in a positive manner as representatives of Girl Scouts \_\_\_\_\_.

Advisor/Leader Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Received: \_\_\_\_\_ Approved: Yes  No  If not approved, reason for not approving: \_\_\_\_\_

Date of Notification: \_\_\_\_\_ Next steps/Recommendations: \_\_\_\_\_

Girl Scouts Western Washington Staff Representative Signature: \_\_\_\_\_