

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.

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 one month prior to activity or before deposits are due. This form must be approved before Girl Scouts 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.

Date:	Group/Troop No.:	Service Unit:	Leader/Advisor or Event Name:
Day Phone:	Email:		
Grade Level: Daisy <input type="checkbox"/>	Brownie <input type="checkbox"/>	Junior <input type="checkbox"/>	Cadette <input type="checkbox"/> Senior <input type="checkbox"/> Ambassador <input type="checkbox"/>
Number of Registered: Youth		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 of Western Washington health, safety, and emergency procedures being adhered to.
- Appropriate permissions (including health forms) have been obtained for each Girl Scout.
- Our group will conduct itself in a positive manner as representatives of Girl Scouts.

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: _____

Advisor/Leader Signature: _____ Date: _____

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 that 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 one month prior** to discussing or participating in the planned activity. This form must be approved before Girl Scouts 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? _____

Anything else you feel is relevant to this sensitive topic?

Please attach a list of all 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_____.
- Caregivers are informed of the trip activities, safety and emergency procedures, and contact information_____.
- Appropriate permissions (including health forms) have been obtained for each Girl Scout_____.
- Our group will conduct itself in a positive manner as representatives of Girl Scouts_____.

Advisor/Leader Signature: _____

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: _____