

## Guidelines for Girl Scout Meetings/Activities in the Home

Safety and protection of girls and adults is the top priority of Girl Scouting, and girls will benefit from the safe environment that allows them to be at their best while developing critical leadership-building skills. **Please know that during all Girl Scout activities including ones at your home two, unrelated, registered and background checked approved volunteers must be present at all times.**

The following guidelines **must be met** before an approved volunteer can hold regularly scheduled meetings and/or activities in a private home. Please submit all items to [helpdesk@gshom.org](mailto:helpdesk@gshom.org).

- ☐ Permission to Meet in the Home Application and Approval Form must be completed and approved by GSHOM.
- ☐ Copy of current Homeowner's/Rental Insurance (stating Personal Liability and Medical Payment to Others amounts) on file with GSHOM.
- ☐ Adults who are 18 and over and living in the home OR are regularly at the home must complete and pass a Criminal Background Check. GSHOM will e-mail a Criminal Background Check link to the troop leader to share with adults in the home.
- ☐ Parent Permission for Girl to Attend Meetings/Activities in the Home Form must be on file with the volunteer who is holding meetings/activities for each girl. In addition, parents/guardians will need to provide a completed Girl/Adult Health History Form for each girl. Forms must be at each meeting and easily accessible to the troop leader.
- ☐ Volunteer to girl ratios must be met at all times. During all meetings/activities, approved volunteers must be present according to the ratios of girls to volunteers. Consult Safety Activity Checkpoints for ratio information.
- ☐ Read through Safety Activity Checkpoints, Volunteer Policies & Procedures, and Volunteer Essentials to make sure you are keeping the girls safe.
- ☐ Must meet all First Aid requirements as noted in the Safety Activity Checkpoints.
- ☐ An emergency evacuation plan must be created (with all exit routes listed) and practiced by girls and volunteers and kept on file with the volunteer who is holding the meeting/activity.
- ☐ Pets are in a safe and secure location completely separate from girls while girls are present at home.
- ☐ No smoking in the home.

[Click here](#) or scan the QR code to fill out the permission to Meet in the Home Application and Approval Form.



# Parent Permission Form For Girl to Attend Meetings/Activities in the Home

Please return this form to Troop Leader. Troop Leader keeps on file.

A signed girl permission slip is required for all meetings/activities in the home. Please keep the top portion of this form so you will have record of where we are and how you can reach us in the event of an emergency. If the bottom portion is not completed, signed, and returned prior to the date listed your Girl Scout will not be able to attend. Please return to Troop Leader by: \_\_\_\_\_

Troop # \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ to: \_\_\_\_\_ Location: \_\_\_\_\_

In the case of an emergency, contact: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

This permission form is for ☐ Regular Scheduled Meetings ☐ One Time Activity/Overnight in Home

Complete the following if for one time activity/overnight in home:

Activity: \_\_\_\_\_

Cost for this activity: \$ \_\_\_\_\_ Items to Bring: \_\_\_\_\_

COVID-19 is an extremely contagious virus that spreads easily through person-to-person contact. As with any social activity, participation in Girl Scouts could present the risk of contracting COVID-19. While Girl Scouts of Michigan Heart of Michigan (GSHOM) takes every safety and preventative precaution, GSHOM can in no way warrant that COVID-19 infection will not occur through participation in Girl Scout programs, events, activities, etc.

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Girl Scout Name: \_\_\_\_\_ has my permission to participate in all events and activities at \_\_\_\_\_ with Troop # \_\_\_\_\_ on \_\_\_\_\_, between the hours of \_\_\_\_\_ and \_\_\_\_\_. I will not allow her to attend if I do not consider her to be in good physical condition or if she has been exposed to any contagious disease.

In the event of an emergency, every effort will be made to contact a parent/guardian or emergency contact. If no contact can be made, I hereby give authorization to Girl Scouts Heart of Michigan to seek treatment for my child and/or dependent minor by a licensed physician pursuant to the Michigan Child Care Licensing Act 116 of 1973, Section 14a.

I also understand that photographs, videos, or audio recordings may be taken which may include my Girl Scout. I hereby consent that Girl Scouts Heart of Michigan may use these photographs, videos, or audio recordings for the promotion of Girl Scouts.

I understand I am responsible for complying with the transportation arrangement noted above. If my Girl Scout is not picked up on time after the activity the troop leader will first attempt to contact me and then the emergency contact listed on this girl permission form. As a last resort, if none of the persons identified are available or willing to pick up my Girl Scout, I understand the troop leader may, at her/his discretion, contact the proper authorities for assistance in locating me.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number