

# Request for Program Aide Assistance

Program/Event Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age Level: \_\_\_\_\_

Troop Leader: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Best time of day to be reached: \_\_\_\_\_

Program Description: \_\_\_\_\_  
 \_\_\_\_\_

Program/Event Address: \_\_\_\_\_

Planning Meeting Date/Time (optional): \_\_\_\_\_

Are there any girls in your troop/SU with disabilities, limitations or special needs? \_\_\_\_\_

If so, please describe: \_\_\_\_\_

Number of PAs requesting: \_\_\_\_\_

Check the activity for which you are requesting Program Aide assistance:

	Crafts		Songs
	Games		Ceremonies
	Outdoor skills		Other (specify in detail)

I have read and signed the Mentor Leader/Program Aide agreement and understand my responsibilities planning and working with Program Aides. I also understand that making this request does not guarantee the availability of Program Aides for my needs. I can expect to be contacted by my local Program Specialist for notification of PA availability.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit completed form to:      Attn: Program Specialist  
 1811 Arkansas Blvd  
 Texarkana, AR 71854

**REQUESTS SHOULD BE SUBMITTED AT LEAST 1 MONTH PRIOR TO DATE(S)  
 ASSISTANCE IS NEEDED**