

# Travel Application and Checklist

**DIRECTIONS:** Download this application to your desktop **BEFORE** filling it out. Preview the checklist below, making sure you have all the required certifications and training requirements. For more information, you can reference *Volunteer Essentials*. Submit the form to your Girl Scout Leadership Experience Specialist.

- **For trips over 120 miles away or overnight trips:** Submit this form 3 weeks prior to trip
- **For extended domestic travel:** Submit this form at least 3 months prior to trip\*
- **For international travel:** Submit this form at least 12 months prior to trip\*

*\*Preliminary rosters due at this time; final rosters due a minimum of 6 weeks prior to trip.*

Troop Number / Group Name: \_\_\_\_\_ Service Unit: \_\_\_\_\_

Trip Advisor: \_\_\_\_\_ Preferred Method of Contact:  Email  Phone  Both

Email: \_\_\_\_\_

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

Travel Date(s): \_\_\_\_\_ Travel Destination: \_\_\_\_\_

Type of Trip:  Field Trip (over 120 miles)  Overnight Trip  Domestic Extended Trip  International Extended Trip

Has your troop/group been on any trips before?  Yes  No

If yes, where has your troop/group traveled in the past? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## GIRL SCOUT TRAVEL CHECKLIST

- Completed Travel Application
- Copy of First Aid/CPR Certification (1 adult)
- Copy of driver's license and insurance (Anyone driving a child other than their own)
- Adults are all registered and have approved background checks
- Adult-to-Girl ratio met
- Training requirements met
- Additional Insurance (if necessary)

## INTERNATIONAL TRIP CHECKLIST

- Use GSUSA's Global Travel Toolkit for special resources designed for international travel
- Plan ahead for passports, visas, immunizations, and registering with the U.S. Embassy
- Send a copy of the GSUSA Intent to Travel Form to [globalgirlscouting@girlscouts.org](mailto:globalgirlscouting@girlscouts.org) (3-6 months prior to trip)

# TRAVEL APPLICATION

## MONEY EARNING

Check Volunteer Essentials for information on additional money earning ideas.

Are troop funds being used for this trip?  Yes  No

If applicable, describe your troop/group's plan to earn the funds needed for the trip/activity:

---

---

## GIRL SCOUT LEADERSHIP EXPERIENCE

What is the main purpose of this trip? \_\_\_\_\_

How are you making sure this is a girl-led, girl-planned trip? \_\_\_\_\_

---

Is your troop/group incorporating a badge or Journey activity?  Yes  No

Which of the four national pillars best match the activities of your trip (Choose all that apply):

STEM  Outdoor  Entrepreneurship  Life Skills

## PARTICIPANT INFORMATION

Number of girls traveling by level:

\_\_\_\_ Daisy    \_\_\_\_ Brownie    \_\_\_\_ Junior    \_\_\_\_ Cadette    \_\_\_\_ Senior    \_\_\_\_ Ambassador

Total number of girls participating: \_\_\_\_\_ Estimated cost per girl: \_\_\_\_\_

Total number of unregistered children (tagalongs) participating: \_\_\_\_\_

Number of female adults participating: \_\_\_\_\_ Number of male adults participating: \_\_\_\_\_



It is council policy that all adults going on trips over 120 miles, overnights, or domestic/international trips must be **registered members** with the council and **pass a criminal background check** to be eligible to attend.

# TRAVEL ROSTER

**GIRL FIRST AND LAST NAME**

**AGE**

**EMERGENCY CONTACT AND PHONE NUMBER**

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## TRAINING REQUIREMENTS

List the first and last name of the adult (who is going on the trip) who has taken the trainings required for your type of trip:

**Venture Out I:** Required for any overnight stay – no fire building permitted

\_\_\_\_\_

**Venture Out II:** Required for any troop travel that requires fire building and/or use of tents.

**CPR/First Aid:** Required for trips to resident camp properties and trips of one day or more. Must be present at all times.

\_\_\_\_\_

**ADULT FIRST AND LAST NAME**

**PHONE NUMBER**

**ROLE** (Driver, CPR/First Aid, VOII, Parent, etc.)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## EMERGENCY CONTACT

A person not going on the trip, designated to contact parents/guardians in the event of an incident/change in itinerary

**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Emergency contact has a copy of the troop/group trip roster with each participant’s emergency contact information.

# ITINERARY

## TRANSPORTATION INFORMATION

Mode of transportation: \_\_\_\_\_  Personal  Rental  Public  
 Make/Model of vehicle(s): \_\_\_\_\_ Number of Passengers vehicle holds: \_\_\_\_\_  
 Airline: \_\_\_\_\_ Flight Number: \_\_\_\_\_  
 Trip departure time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Trip return time: \_\_\_\_\_ Location: \_\_\_\_\_  
 Other (boat, train, etc.): \_\_\_\_\_

## LODGING INFORMATION

Dates: \_\_\_\_\_ to \_\_\_\_\_ Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
 Address: \_\_\_\_\_

### PLANNED ACTIVITIES

### LOCATION

PLANNED ACTIVITIES	LOCATION
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Any reserved activities at Girl Scouts – Diamonds properties require troops to schedule and coordinate their own instructor. For a list of approved instructors, please email [info@girlscoutsdiamonds.org](mailto:info@girlscoutsdiamonds.org).

# FORMS

Trip advisors should have copies of these forms with them at all times. These do not have to be turned into the council. These forms can be found at [www.girlscoutsdiamonds.org](http://www.girlscoutsdiamonds.org) under the Forms and Documents tab.

Form	Field Trip (>120 miles)	Overnight Trip	Domestic Extended Trip	International Extended Trip
Parent Permission form for Girl Scout Activity	+	+	+	
Girl Health History	+	+	+	
Adult Health History	+	+	+	
Medication Permission Form	+	+	+	+
First Aid Log (For First Aider)	+	+	+	+
Driver Information Record	+	+	+	+
Incident Form	+	+	+	+
Girl Health History for Extended Trips			+	+
Adult Health History for Extended Trips			+	+
Medical Treatment Authorization for Girls				+
Medical Treatment Authorization for Adults				+
International Travel Permission for Minors				+

# ADDITIONAL INSURANCE FORM

Every registered Girl Scout member (girl and adult) is covered by GSUSA Basic Coverage. For travel longer than 2 nights and/or 3 days, extra insurance must be purchased. Extra insurance must also be purchased for international travel. Troops should submit their Additional Insurance form with their Travel Application to their region's GSLE specialist. The GSLE specialist will ensure that the correct form of insurance has been selected and notify a Retail Specialist to call for payment.

## COVERAGE OPTIONS

- **Plan 2** - Day events where nonmembers will be present (such as World Thinking Day) and for trips lasting more than 2 nights. This plan is for trips and events taking place within the perimeter of Girl Scouts – Diamonds. This also includes overnights where nonmember minors are present.
- **Plan 3E and Plan 3P** - Both of these plans can be used for trips lasting more than two nights. This is for trips taking place outside of the perimeter of Girl Scouts – Diamonds.
  - Plan 3E coordinates with any family health plan.
  - Plan 3P acts as Primary Coverage.
- **Plan 3PI** - International Travel. This includes cruises as well even if you do not get off the ship at the stops.

## FILL IN INFORMATION FOR CHOSEN PLAN BELOW.

Troop or Service Unit: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure date: \_\_\_\_\_ Return date: \_\_\_\_\_

Plan	Number of Participants	Number of Days	Premium	Total (participants x days x premium)
2	5	3	.11	<b>5 x 3 x .11 = \$1.65</b>
2			.11	
3E			.29	
3P			.70	
3PI			1.17	

**NOTE:** Mutual of Omaha requires a \$5 minimum for all insurance purchases, even if total does not amount to \$5.

I agree that the information I provided is true and complete. I hereby acknowledge that I have read and understand appropriate Safety Activity Checkpoints and Volunteer Essentials. I agree to update Girl Scouts - Diamonds with any changes related to this trip.

**Leader signature** \_\_\_\_\_ **Date** \_\_\_\_\_