girl scouts san diego

Event Approval Checklist

For events or series with more than 50 participants
***or* when planning or risk management is complex**

This tool is designed to assist in event planning, and to request approval. See *Directing Girl Scout Events and Series Self Study Guide* for guidance.
To propose an event or series, complete Section 1 and submit to the Service Unit team. The team will let you know if it's okay to continue planning. Your council representative may also approve proposals.
Complete Section 2 for final approval prior to the event, at least 30 days prior to event. A Safety Management Plan should accompany this form at that time. Your Activity Consultant can help.
Once the event is over, report back to the service unit by completing Section 3 within 30 days.

Section 1 (proposal):

Title of Event or Series _____ Date _____
Purpose of Event _____
Time *(start)* _____ *(end)* _____ Location *(site name & address)* _____
_____
If on council property, have you made your reservation? □ Yes □ No
If off council property, is the site's certificate of liability insurance on file? □ Yes □ No
Target participants: □ Daisy □ Brownie □ Junior □ Cadette □ Senior □ Ambassador
□ Families □ Girl Scout Recruits □ Adult-only
Expected # *(girls)* _____ *(adults)* _____ Maximum participants for site _____
Proposed Fee _____ Estimated Income _____ Estimated expenses _____
(use the Event Budget Worksheet to estimate income and expenses and for fee guidelines)
If this is a money-earning project, has an application been submitted? □ Yes*(attach copy)* □ No

Event Director name _____
Mailing address _____City _____ Zip _____
Phone # (day) (____)_____ (evening) (__)_____
E-mail _____
Event Director Training Completion Date _____ Service Unit _____
How will girl planning be incorporated?
_____
_____
_____

Describe any other information the team may need to understand the event (attach details if desired)
_____
_____
_____

Income and expenses – attach the first page of the Event Budget Worksheet with your estimates.

For SU Team/staff use only: Date proposal received Response date
Proposal approved? □ Yes □ No □ With adjustments:
Final approval due date (30 days prior to event is typical)
Reviewed by Comments:

Section 2 (final approval of developed plans):

During your planning, have any of the answers from Section 1 changed? If so, please describe what's different:

_____

_____

_____

Will girls earn any badge components or Journey awards during this event? □ Yes □ No
If so, please describe _____

_____

Safety and Risk Management Recap *(attach a copy of your Safety Management Plan)*

- ❒ Reviewed Volunteer Essentials Safety-Wise Chapter 4 and assure relevant standards will be upheld
- ❒ Reviewed the Safety Activity Checkpoints and assure they will be covered
- ❒ Expectations for girl readiness and skill level have been determined and communicated
- ❒ Arrangements made for any specialized equipment
- ❒ Additional insurance purchased (if necessary)
- ❒ Program leaders have the necessary training/ experience/ certification
- ❒ Program leaders (including non-Girl Scout adults) have clearly defined expectations as to their responsibilities, arrival and departure time, supplies and equipment, clean-up procedures, etc.
- ❒ Site visit completed and deemed safe and appropriate for Girl Scouts
- ❒ Site hazards identified and a clear safety management plan will be shared with all participants
- ❒ Adequate restrooms and available drinking water have been identified
- ❒ Location of nearest emergency medical treatment facility and directions have been identified
- ❒ Plans developed for missing person, unfamiliar person or other potential crisis situation
- ❒ Evacuation plan established in case of fire or natural disaster, and will share information with participants
- ❒ Participants will be informed well in advance regarding any preparation, skills, equipment, clothing, etc., needed for the event

Event First Aider Information

Each troop responsible for their own first aid _____Yes _____ No
Event First Aider Name _____ Phone (____)_____
Type of Certification _____ Exp. Date _____
❑ Level I ❑ Level II *(for events of 200 or more participants or remote location)*

Signatures

Activity Consultant *(Safety Management Plan reviewed)*

Money-Earning Project Approval *(if applicable; SUM, or Council Rep. if earnings over $250)*

Service Unit Team or Program Approval *(Program quality and necessity evaluated)*