Take Action Community Service Summary

DATE OF SERVICE	DETAILS*	NO. OF GIRLS	+	NO. OF ADULTS	=	TOTAL	X	# HOURS OF SERVICE	=	TOTAL HOURS
Example 5/12/05	**Collecting Cans**	**12**		**2**		**14**		**2**		**28**

* Attach additional sheet if necessary. GRAND TOTAL

It's not just *what* girls do, but *how* you engage them that creates a high quality experience. Remember:
Girl Led, Learn by Doing, and Cooperative Learning!

GSLE Rev. 08/10

Girl Scouts Louisiana East
www.gsle.org

Corporate Headquarters
841 S. Clearview Parkway,
New Orleans, LA 70121-3119
(504) 733-8220 (800) 644-7571
F (504) 733-8219

Regional Service Center
545 Colonial Drive,
Baton Rouge, LA 70806
(225) 927-8946 (800) 852-8421
F (225) 927-8402

girl scouts

TROOP OUTING FORM
20____ Membership Year

Troop No. _____ Leader's Name _____

Service Unit No. _____ Leader's Tel. No. (H) _____ (C) _____

Asst. Leader's Name_____ Tel. No. _____

Submit to Service Unit Team Member or Membership Executive. Additional activities or revised plans may be recorded at the service unit meetings. Be sure the activities are based on girl interest and follow the three keys of the Girl Scout Leadership Experience - ***Discover, Connect, and Take Action!***

Assure that your troop's activities are progressive experiences suitable to the age group. In most cases, if a girl has the skills to fully plan and prepare for an activity, she is ready for the adventure. Refer to Volunteer Essentials and Activity Checkpoints.

Key Health & Safety Reminders

- Secure parental permission before outings for each girl participating.
- **Special training or certification** is required for some activities.
- The troop must be accompanied by a trained FIRST AIDER.
- The **Adult/Girl Ratio** must be adhered to at all times. Adults are selected and supervised by the troop leader.
- **Alcohol or non-prescription drugs** are **not** permitted on troop outings.
- **Smoking** is **not** allowed in the presence of girls.

DATE OF ACTIVITY	TROOP ACTIVITIES					ADDITIONAL (✳) CERTIFICATION NEEDED	DID YOU REFER TO *Volunteer Essentials* YES/NO	NAME OF SCREENED ADULT	SUT*** Approved Signature
	ACTIVITY	COMMUNITY COLLABORATOR	DESTINATION	NO. OF GIRLS	NO. OF ADULTS				

✳Examples of Additional Certifications / Safety Equipment include: Small watercraft safety, lifeguard, gloves, goggles, helmets, etc. ***SUT-Service Unit Team **Volunteer Essentials Activity Checkpoints

All community services activities and service hours are reported on this form and are included in a troop's file. Reports are given to the Council's Board of Directors and the United Way.

Both forms are to be turned in by May 15th.

NOTE: For additional forms, check the Council website (http://www.gsle.org).

TRAINED ADULTS
Affiliated with Troop

(May or may not be attending each activity.) Date Trained Date Trained

Troop Leadership_____ _____ Outdoor Trained_____ _____

First Aider_____ _____ Other (Title) _____ _____