## **Take Action Community Service Summary**

DATE OF SERVICE	DETAILS*	NO. OF GIRLS	+	NO. OF ADULTS	=	TOTAL	X	# HOURS OF SERVICE	=	TOTAL HOURS
Example 5/12/2010	Collecting Cans	12		2		14		2		28
* Attach addi	tional sheet if ne	cessary						GRAND TOT	ΔΙ	

<sup>\*</sup> 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. 04/20

## **Girl Scouts Louisiana East**

www.gsle.org

Regional Service Center 545 Colonial Drive, Baton Rouge, LA 70806 (225) 927-8946 (800) 644-7571 F (225) 927-8402



**Corporate Headquarters** 

F (504) 733-8219

841 S. Clearview Parkway,

New Orleans, LA 70121-3119

(504) 733-8220 (800) 644-7571

## TROOP OUTING FORM 20 Membership Year

Troop No	Leader's Name		
Service Unit No.	Leader's Phone. (H)	(C)	
Asst. Leader's Name		Phone (	)
		<del></del>	

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.

	TROOP ACTIVITIES				ADDITIONAL (*)	DID YOU REFER TO	CLIT***
DATE OF ACTIVITY	ACTIVITY	COMMUNITY COLLABORATOR	DESTINATION	NO. OF NO. OF GIRLS ADULTS	CERTIFICATION NEEDED	Volunteer <i>Essentials</i> YES/NO	SUT*** Approved Signature
*Evamples	of Additional Certifications / Safet	ty Equipment include: Small watercraf	t safety lifequard gloves goggles helm	ote ote ***CLIT Co	rvice Unit Team **1	Volunteer Essentials Activity Che	acknoints

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.

This form should be submitted by June 15 with your end of year paperwork which includes: Looking Ahead/Opportunity Catalog, Troop Budget-Actual Report & Troop Outing Form

TRAINED ADULTS - Affiliated with Troop (May or may not be attending each activity)					
	Date Trained		Date Trained		
Troop Leadership		Outdoor Trained	<del></del>		
Troop Leadership		Outdoor Trained			
First Aider	<del></del>	Other (Title)			
First Aider		Other (Title)			