



GIRL SCOUTS OF WESTERN NEW YORK, INC.



GIRL SCOUTING IS A "FAMILY AFFAIR"

Troop Committee - A troop committee is the adult network, a **TEAM** consisting of all the girl's parents/guardians, that provides the troop/group with the special kind of help it needs. The purpose of a troop committee is to divide the work into easily managed tasks. This gives the leaders and assistant leaders the ability to focus their time, energy and expertise on working directly with the girls.

These are the areas in which our troop/group needs your help. Please indicate how you would like to help. **Please choose at least two (2).**

- | | |
|--|--|
| <input type="checkbox"/> Assistant Leader (if needed) | <input type="checkbox"/> Plan a field trip |
| <input type="checkbox"/> Register as a troop committee member (registration fee is \$12) if needed | <input type="checkbox"/> Plan and run one troop meeting
Date of Meeting: _____ |
| <input type="checkbox"/> Keep individual Girl Record sheets updated | <input type="checkbox"/> Attend one service unit leader meeting and relay information to the leader. Meetings are usually once a month in the evening. |
| <input type="checkbox"/> Teach a craft or skill | <input type="checkbox"/> Manage a product sale: ___ Cookie ___ QSP |
| <input type="checkbox"/> Plan a ceremony or special event | <input type="checkbox"/> Be an emergency contact person to make telephone calls. |
| <input type="checkbox"/> Troop Registrar (make sure each girl and adult is registered, this includes turning registration forms in to the Girl Scout Council) | <input type="checkbox"/> Troop Treasurer |
| <input type="checkbox"/> Help or provide a responsible adult (over 18 years old) to help at three meetings. Must be registered.
List Dates: _____

_____ | <input type="checkbox"/> Committee member for troop camping |
| | <input type="checkbox"/> Other duties, please specify:

_____ |
- Please list an alternate date: _____

I am willing to provide the following skills for a field trip, camping trip or other events:

- Community/Standard First Aid & CPR Emergency Medical Technician

Daughter's Name _____

Troop # _____

Parent / Guardian Name _____

Telephone: _____

Parent / Guardian Signature _____

Date _____