

Parent Involvement Form

Mother/Guardian's Name: _____

Mobile Phone: _____ Home Phone: _____

Email: _____ Send troop messages to this email.

Father/Guardian's Name: _____

Mobile Phone: _____ Home Phone: _____

Email: _____ Send troop messages to this email.

Girl's Name: _____

Mobile Phone: _____ Grade: _____ School: _____

Email: _____ Send troop messages to this email.

What hobbies or skills would you like to share with the troop? _____

Running a quality Girl Scout troop requires the involvement of ALL parents. Please check how you and/or other adults in your family will support your daughter's troop. Submit as soon as possible to get your first choice.

- | | |
|---|---|
| <input type="checkbox"/> <u>Assistant Leader</u> : Plans/assists in leading activities, communicates with parents | <input type="checkbox"/> <u>Field Trip Coordinator</u> : Calls about, organizes and plans troop field trip |
| <input type="checkbox"/> <u>Treasurer</u> : Reconciles bank statement | <input type="checkbox"/> <u>Troop Registrar</u> : Ensures that online registration and/or forms and money are submitted |
| <input type="checkbox"/> <u>Troop Cookie Manager</u> : Organizes Cookie sale | <input type="checkbox"/> <u>Service Project Coordinator</u> : Organizes and plans service projects |
| <input type="checkbox"/> <u>Troop Fall Product Manager</u> : Organizes Candy/Nut/Magazine sale | <input type="checkbox"/> <u>Snack Coordinator</u> : Organize and schedule snack rotation for meetings |
| <input type="checkbox"/> <u>Troop First Aider</u> : Must be certified in CPR and First Aid | <input type="checkbox"/> <u>Camp Parent</u> : Certified camper; assists in planning/leading camp out activities |
| <input type="checkbox"/> <u>Activity Parent</u> : serves as an adult help at activities | <input type="checkbox"/> <u>Other</u> : |
| <input type="checkbox"/> <u>Driver</u> : Transports Girl Scouts on trips or to events. | |

Are you certified in CPR and First Aid? YES NO

Times available:

- | | |
|--|--|
| <input type="checkbox"/> Weekdays from: _____ to _____ | <input type="checkbox"/> Saturday: _____ |
| <input type="checkbox"/> Weeknights after: _____ | <input type="checkbox"/> Sunday: _____ |

Other: _____