



**CRESCENTA VALLEY GLENDALE SERVICE UNIT
TWILIGHT CAMP
UNIT LEAD/PROGRAM AIDE/PROGRAM AIDE TRAINEE APPLICATION**

2011

Section 1: Tell us about yourself:

Last-name: _____ First-name: _____ Camp name: _____
 Address: _____ City: _____ Zip: _____
 Home Phone _____ Cell Phone: _____
 Email: _____ Age: _____ School _____ Grade in Fall: _____
 Are you a registered Girl Scout? Yes ___ No ___ Troop # _____ Leader's name & phone: _____
 In the Fall, I will be a... Cadette _____ Senior _____ Ambassador _____
 T-shirt Size: Youth S ___ Youth M ___ Youth L ___ Adult S ___ Adult M ___ Adult L ___ Adult XL ___
 Father's Name: _____ Work: _____
 Email: (if different from above) _____ Cell: _____
 Mother's Name: _____ Work: _____
 Email: (if different from above) _____ Cell: _____

Persons to notify in case of emergency if parents cannot be reached

Name: _____ Relationship: _____
 Address: _____ Phone: _____
 Name: _____ Relationship: _____
 Address: _____ Phone: _____

I am applying to be (rank in order of preference): ___ Unit Lead ___ Unit Program Aide ___ Program Aide Trainee (PAT)

Section 2: Tell us a about your Program Aiding experience:

Date you completed Program Aide Core Training: _____

Years you served as a PA at CV Twilight Camp: _____

Tell us about your experiences working with younger girls:

Tell us about your leadership experiences, both with Girl Scouts and any other groups:

What do you feel are your strongest areas in program aiding (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Teaching/leading songs | <input type="checkbox"/> Teaching/leading crafts | <input type="checkbox"/> Teaching/leading games |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Lanyards | <input type="checkbox"/> Unit cooking |
| <input type="checkbox"/> Ceremonies | <input type="checkbox"/> Skits | <input type="checkbox"/> _____ |

What areas would you like to further develop your skills as a program aide (check all that apply):

- | | | |
|---|--|---|
| <input type="checkbox"/> Teaching/leading songs | <input type="checkbox"/> Teaching/leading crafts | <input type="checkbox"/> Teaching/leading games |
| <input type="checkbox"/> Camp stoves | <input type="checkbox"/> Dutch oven cooking | <input type="checkbox"/> Foil ovens |
| <input type="checkbox"/> Storytelling | <input type="checkbox"/> Lanyards | <input type="checkbox"/> Knot tying |
| <input type="checkbox"/> Ceremonies | <input type="checkbox"/> Skits | <input type="checkbox"/> _____ |

What do you want to get out of being a Program Aide or Program Aide Trainee?

If selected to be a Unit Lead, Unit Program Aide or Program Aide Trainee (PAT) at Crescenta Valley Glendale Twilight Camp, I agree to:

- * Accept the principles of Girl Scouting as stated in the Promise and the Law.
- * Place the needs of the girls above my personal desires.
- * Exercise integrity, good judgment and calmness.
- * Work harmoniously with other staff members.
- * Have completed the GSGLA Program Aide Core Training course
- * Be at camp every day, Monday June 20 through Friday June 24, from 2:30 pm to 8:30 pm (departure time is approximate)
- * Attend all necessary camp training sessions, as outlined below:
 - ☆ **Skills Day**, May 7th 1:00 to 3:00 pm at the Montrose Program Center (Unit Leads & Unit Program Aides, plus Program Aide applicants who have never been PA's at CVG Twilight Camp)
 - ☆ **CVGSU Twilight Camp Training Day**, June 5th 1:00 to 5:00 pm at Crescenta Valley Park (Unit Leads, Program Aides, and Program Aide Trainees)
 - ☆ **Unit Lead Meeting**, May 22nd 1:00 to 3:00 pm, location TBD (Unit Leads)

Scout's signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____

____ (Parent/Guardian initial please) My child has my permission to participate in photographs taken for Girl Scout Public Relations.



HEALTH HISTORY INFORMATION

This form must be completed by parent(s) of each registering Girl Scout (please print).

Girl's Name: First _____ Middle _____ Last _____

Date of Birth _____ Group/Troop # _____

Mother/Guardian Name _____ Signature _____

Father/Guardian Name _____ Signature _____

Girl Health History Information

Medical Insurance Carrier _____ Policy # _____

Is your daughter's immunization record up-to-date? Yes No Date of last tetanus shot: _____
(Month-Day-Year)

Check all that apply: Nosebleeds Fainting Constipation ADD/ADHD
 Hearing impairment Wears glasses or contact lenses Emotional Disturbances

Special dietary regimen or needs(please explain): _____ Other _____

Please list any allergies (penicillin, food, insects, etc.): _____

Please list any additional medical condition of which the leader should be aware (i.e. chronic condition, disabilities, behavioral problems, medications, etc.): _____

NOTE: All medication must be in original container, with girl's name, dosage and frequency clearly printed on the label. These must be turned in to the Camp Nurse on the first day of camp, and must be picked up from the Camp Nurse on the last day.

Council Policies and Procedures (initial one and sign below:)

___ The undersigned do hereby authorize the officers, leaders or agents of Girl Scouts of Greater Los Angeles, to consent to any x-ray examination, anesthetic, medical or surgical treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act, or to consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act. It is further understood that permission is hereby granted to the officers, leaders or agents of Girl Scouts of Greater Los Angeles to obtain and administer such medical aid or assistance as might, in their judgment, be required for the immediate care of your daughter. In the event of such help, Girl Scouts of Greater Los Angeles, its officers, leaders and agents will not be held liable for any first aid treatment or hospital care rendered drugs, medicine or surgical procedures performed pursuant to this consent. This consent supersedes all prior authorization.

___ **If you do not consent to the care or treatment set forth herein, describe in detail what is or is not allowed/permitted**

Signature of Parent/Guardian

Date