



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

2010

Section 1: Tell us about yourself:

Last-name: _____ First-name: _____ Nickname: _____

Address: _____ City: _____ Zip: _____

Are you a registered Girl Scout? Yes _____ No _____ Troop # _____ Leader's Name: _____

Email: _____ Age: _____ School _____ Grade in Fall: _____

In the Fall, Camper will be a... Cadette _____ Senior _____ Ambassador _____

Youth T-shirt Size: S _____ M _____ L _____ Adult T-shirt Size: S _____ M _____ L _____ XL _____

Father's Name: _____ Work: _____

Email: _____ Cell: _____

Mother's Name: _____ Work: _____

Email: _____ 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 _____ ULiT (Unit Leader in Training)

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):

- Teaching/leading songs
- Storytelling
- Ceremonies
- Teaching/leading crafts
- Lanyards
- Skits
- Teaching/leading games
- Unit cooking
- _____

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

- Teaching/leading songs
- Camp stoves
- Storytelling
- Ceremonies
- Teaching/leading crafts
- Dutch oven cooking
- Lanyards
- Skits
- Teaching/leading games
- Foil ovens
- Knot tying
- _____

What do you want to get out of being a Program Aide or Unit Leader in Training?

If selected to be a Unit Lead or Unit Program Aide 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 21 through Friday June 25, from 2:30 pm to 8:30 pm (departure time is approximate)
- * Attend all necessary camp training sessions, as outlined below:
 - ☆ Skills Day, May 22 1:00 to 5:00 pm at the Montrose Program Center
 - ☆ CVGSU Twilight Camp Training Day, June 6 2:00 to 5:00 pm at Crescenta Valley Park

Scout's signature: _____

Date: _____

Parent/Guardian signature: _____

Date: _____



HEALTH HISTORY INFORMATION

**This form must be completed by parent(s) of each registering Girl Scout, including Unit Leads (please print).
Medical Information is for Camp Administration only; this information will be kept confidential**

Girl's Name: First _____ Middle _____ Last _____

Date of Birth _____ Group/Troop # _____

Mother/Guardian Name _____

Signature _____

Father/Guardian Name _____

Signature _____

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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:
- Motion Sickness Nosebleeds Asthma Fainting Tends to cry easily
 - Hearing impairment Wears glasses or contact lenses Special dietary regimen
 - Constipation ADD/ADHD Emotional Disturbances Other _____

What should we know about your daughter (sensitivities, fears, phobias, etc.): _____

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, etc.): _____

Will your daughter need to bring any medications to camp? If yes, please explain (include medical condition and name of medication): _____

NOTE: All medication must be in original container, with girl's name, dosage and frequency clearly printed on the label.

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Council Policies and Procedures (check 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