

GSEOK 586

Coursia a Unit
Service Unit
CoordinatorEmail
Cell
#Troops Participating (Forms attached) OR # Individual Participants
Name of camp or other facility:
Address/phone # if other than a council facility:
Event Start Date/ Time:
Event End Date/ Time):
Is the service unit providing first aider? \square NO \square YES
Name of first aider:
ATTACH COPY OF FIRST AID AND CPR CERTIFICATIONS or LICENSES
NOTE : For large events, one first aider is required for every 200 participants. Wilderness First Aid or Wilderness First Responder is required if EMS response is more than 30 minutes.
Is the service unit providing transportation? \square NO \square YES:
□ Private Vehicle □ Public Transportation □ Rental/Charter * □ Loaned Vehicle *
* Attach Form 589F



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If you are using a council facility, will your group r ☐ Archery Range ☐ Hatchet Range (WSS) ☐ Canoes (Form 593F must be filed by canoe ins: ☐ Life Jackets ☐ Fishing Equipment ☐ Pool (TC/SW & WSS)	(\$25 usage fee for EACH meal)
Planned Activities (check all that apply): Aquatic Inflatables ² Archery, 3D Archery, Slingshots ³ Backpacking ³ Boating: Canoes, Kayaks, Row Boats, Corcls, Sailboats ² Bounce Houses Challenge Course, Climbing & Rappelling/Ziplining, Recreational Tree Climbing ³ Fencing ³ Fishing and Ice Fishing ² Go-Karts Hayrides ⁴ Horseback Riding ³ Indoor Skydiving ³ Knife/Tomahawk/Hatchet Throwing ³ Overnight with Camping ¹ Overnight without Camping Numbered activities require trained and/or certifi Activity ¹ : Answer item #1 Answer ² item #2 Answer ³ item #3	 □ Offshore Water/Large Passenger Vessel □ Parades and Other Large Group Gatherings (ONLY if participating, not spectating) ⁴ □ Scuba Diving ² □ Segway ³ □ Shooting Sports ³ □ Skateboarding ³ □ Snorkeling ² □ Snow Skiing/Snowboarding/Snowshoeing ³ □ Spelunking/Caving ³ □ Standup Paddle Boarding ² □ Surfing ² □ Swimming ² □ Target Paintball ³ □ Tethered Balloon Rides ³ □ Travel/Trips □ Tubing/Waterskiing/Wakeboarding ² □ Whitewater Rafting ² ed personnel. Please refer to the list below:
Answer ⁴ item #4 While planning activities, please refer to Form 571	T.



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1. Personnel Required for Activities		
Site Orientation Training (Required if using council campsi Name:	ite)	
2. Waterfront Activities (Specify Type) □ Swimming Pool □ Waterpark □ Lake □ River □ Other		
Personnel provided by:		
☐ Facility ☐ Service Unit (complete information below):		
Lifeguard Name Certification Type	e & Expiration Date	
Canoe Instructor Certification Type	e & Expiration Date	
3. Other Specialized Personnel		
Name Certification Typ	e & Expiration Date	
Name Certification Type & Expiration Date		
Name Certification Type & Expiration Date		
Documented experience may replace certification, but a copy of the documentation must be provided.		
$\ \square$ Verify vendor is licensed, holds certifications, and/or carries liability insurance.		
List of Participating Troops:		



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4. Hayrides, Parades, & Other Large Gatherings	
Name of Event: In detail, describe how the service unit plans to participate (i.e. – march or ride on a float in a parade, provide a service booth at a town carnival, hayride, etc):	
Refer to <i>Safety Activity Checkpoints</i> and <i>Volunteer Essentials</i> Safety Wise Chapter for guidelines. If renting, leasing or borrowing a vehicle, Form 589F must be attached to this request. NOTE: The term "vehicle" refers to trailers or other towed conveyances as well as to motorized carriers.	
Refer to <i>Safety Activity Checkpoints</i> and <i>Volunteer Essentials</i> Safety Wise Chapter for guidelines. The State of Oklahoma does not require a hauled vehicle to be licensed or to display a safety inspection sticker if it is not used commercially. Therefore, it is the responsibility of the coordinator to insure that these guidelines are being met.	
 Coordinator's Statement of Compliance □ Safety Activity Checkpoints, Volunteer Essentials, Girl Scouts of Eastern Oklahoma's Position Statement on Safety and Security Form #590T and/or Emergency Procedures Form #579T have been reviewed and are being adhered to. □ Parents will be informed of the particulars regarding this activity including safety precautions/emergency procedures. Permission will be received for each girl with parent or guardian signature acknowledging their understanding of and agreement with the activity(s) as planned and that they have no further questions. 	
Coordinator's Signature DATE	
For Office Use	
Service Unit Activity Approved? NO YES: DATE	
Comments	