



# Troop Check List

Troop # \_\_\_\_\_ Service Unit # \_\_\_\_\_ Date \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Home address: \_\_\_\_\_  
Street address

City State Zip

Day phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Email \_\_\_\_\_

Bank \_\_\_\_\_ Account number \_\_\_\_\_

Signers on the account \_\_\_\_\_

Date Troop registered \_\_\_\_\_

Education Information Volunteer Essentials \_\_\_\_\_  
Outdoor \_\_\_\_\_  
First Aid Education \_\_\_\_\_  
CPR \_\_\_\_\_

By initialing below, I acknowledge that my Troop has current copies of the following or access to electronically:

- \_\_\_\_\_ *GSCB Resource Guide*
- \_\_\_\_\_ *Safety Activity Checkpoints*
- \_\_\_\_\_ Service Team Roster
- \_\_\_\_\_ Dates/Locations of Service Unit Meetings
- \_\_\_\_\_ Volunteer Application/Renewal
- \_\_\_\_\_ Volunteer Agreement/ Volunteer Policies
- \_\_\_\_\_ Insurance Claim Form
- \_\_\_\_\_ Trip Application
- \_\_\_\_\_ *Blue Book of Basic Documents*
- \_\_\_\_\_ Health Cards (optional item)

\_\_\_\_\_  
*Troop Leader*

\_\_\_\_\_  
*Consultant*

Date returned: \_\_\_\_\_

Please return this form to your Program Consultant

