



Girl Scouts®

Girl Scouts of the Chesapeake Bay Council, Inc.

Troop Check List

Troop # _____ Service Unit # _____ Date # _____

Name: _____
First Middle Last

Home address: _____
Street address

_____ City State Zip

Day phone _____ Cell phone _____

E-mail _____

Bank _____ Account number _____

Signers on the account _____

Date Troop registered _____

Education Information Program Leadership Essentials _____
 First Aid Education _____
 Outdoor _____
 CPR _____

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

- _____ Council Calendar
- _____ *Safety-Wise*
- _____ Service Team Roster
- _____ Dates/Locations of Service Unit Meetings
- _____ Volunteer Application/Renewal
- _____ Volunteer Agreement/ Volunteer Policies
- _____ Insurance Claim Form
- _____ Trip Application
- _____ Leader's Digest *Blue Book of Basic Documents*
- _____ Health Cards

Troop Leader

Coach

Date returned: _____

Please return this form to your Program Coach

