



Girl Scouts®
Western New York

Chaperone Participation Agreement

Trip Information

Troop # _____ Service Unit _____ Leader's Name _____

Chaperone's Name _____ Phone # _____

Address: _____
Street City State Zip

Activity: _____

Dates: Leaving _____ Returning _____

Chaperone Responsibilities

As a chaperone, I agree to fulfill the following responsibilities:

- _____ 1. Respect for the health and safety of the girls.
 - _____ 2. Supervise a group of girls assigned to me.
 - _____ 3. Monitor girls by performing frequent attendance and nightly bed checks.
 - _____ 4. Drive or provide transportation via personal car _____, leased vehicle _____, for girls, _____ equipment _____, other adults _____, emergencies _____.
 - _____ 5. Handle money for girls' activities.
 - _____ 6. Monitor girls' behavior.
 - _____ 7. Remember to always display behavior proper of a leader / adult in front of the girls (i.e. NOT undressing, smoking, drinking alcohol, using inappropriate language, etc)
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Financial Responsibilities

Expenses to be paid by the chaperone:

Expenses to be paid by the troop/group:

Signatures

Chaperone Signature

Date

Troop/Group Leader Signature

Date