Print Form

girl scouts heart of the hudson

TROOP APPLICATION
Stars of the Hudson

Troop:	Girl Scout Community:	Level:
Leader: (01)	Phone:	
Address:	Email Address:	
Co-Leader/Asst Leader: (02)	Phone:	
Address:	Email Address:	

Please complete all the following requirements:
(For information and examples on how to fulfill these requirements see the Stars of the Hudson Application Information brochure. Please note that activities may be used only one time).

1. The troop has two registered adult Girl Scout members who both have completed the required Leadership Essentials Course to lead a troop.
Name:_____ Date Leadership Essential Course (formerly BLT):_____
Name:_____ Date Leadership Essential Course (formerly BLT):_____

2. The troop has a registered adult Girl Scout member with current first aid/CPR certification to ensure safety guidelines.
Name:_____ Date First Aid:_____ Date CPR:_____
(Certified First Aider/CPR)
Name: _____ Date of Current License:_____
(RN, LPN, EMT, or MD)

3. One volunteer leader or registered adult volunteer troop representative attended 75% of the community monthly meetings throughout the year. When unable to attend troop leaders secured pertinent information by initiating communication with the Community Leadership Team.

Explain how this was achieved:_____

4. All troop members are registered Girl Scouts:
Submit membership registration to Community Registrar or Council by September 30th deadline (new troops must register within two weeks of first meeting)

Number of girls registered:_____ Number of adults registered:_____

5. The Girl Scout Leadership Experience, as exemplified by your troop, identifies three "keys" to leadership and ties them to the larger goal of *building girls of courage, confidence, and character, who make the world a better place*.

For each key that follows, indicate which petal, try-it, badge, or journey your troop completed. Briefly explain how the principles of each key were evident in the activities the girls chose and share their reflections on each experience.

Name of Petal, Try-it, Badge, Interest Project Patch or Journey completed:_____

DISCOVER: –Girls understand themselves and their values and use their knowledge and skills to explore the world. What did they *discover*? Explain:

CONNECT: – Girls care about, inspire, and team with others locally and globally. How did they *connect* with others? Explain:

TAKE ACTION: – Girls act to make the world a better place. What activity did they do to *take action* locally or globally? Explain:

6. The troop participated in the current year's fall product sales program and spring cookie sale program. (Girl Scout Daisy troops will participate in product sale programs specified by GSHH.)

Fall Product :_____ Cookies:_____

7.	The troop participated in the current year's Annual Family Campaign. This campaign demonstrates each member's family's support for, and appreciation of, the work of GSHH. It is an investment in the development of new opportunities and activities for each girl on the local level. (All families should be encouraged to participate.) TROOP PARTICIPATED IN COUNCIL ANNUAL FAMILY CAMPAIGN: Date:_____
8.	TROOP CONTRIBUTED TO JULIETTE LOW WORLD FRIENDSHIP FUND: Girls contributed to the fund and understood how and to whom the money was allocated. How collected: _____ Date:_____
9.	The troop participated in a ceremony, such as an investiture/rededication, bridging, or Court of Awards, which recognizes the girls' efforts. Ceremony:_____ Date:_____
10.	TROOP PARTICIPATED IN AN INTERNATIONAL ACTIVITY: Activity:_____ Date:_____
11.	TROOP PARTICIPATED IN A COMMUNITY SERVICE ACTIVITY: Activity:_____ Date:_____
12.	TROOP ATTENDED A GIRL SCOUT COMMUNITY / COUNCIL EVENT: Name of event: _____ Date:_____
13.	TROOP WENT ON A FIELD TRIP THAT INCLUDED AN OUTSIDE INSTRUCTOR: Instructor:_____ Activity:_____ Date:_____
14.	The troop went on an outdoors day or overnight field trip which included an outdoor skill or an environmental activity such as: building a fire, going on a nature hike, visiting an outdoor recycling plant, or helping at a town clean-up. Name skill or activity:_____ Date:_____ Name of trained volunteer: _____ Date:_____
15.	The troop connected with other Girl Scouts of a different Girl Scout level. For example, Girl Scout Daisies could visit a Girl Scout Brownie troop or older girls could mentor a Girl Scout Junior troop. SISTER TROOP ACTIVITY: Girls interacted with another Girl Scout troop from a different level: Level: _____ Activity: _____ Date:_____

Submit Stars of the Hudson Application to your Volunteer Community Chair.
(All applications must be to Council no later than **July 30th** for troops to qualify for current year)

Troop is applying for the Stars of the Hudson patch: 1st YR Patches Earned: _____ (Indicate total)
Additional Years Earned:_____ (Indicate total)

Leader Signature:_____ Date Submitted: _____

Volunteer Community Chair Signature: _____Date:_____

Field Manager Signature: _____ Approved:_____ Not Approved:____