



Area Event Director

2018-2019 Form Packet



Event Planning Guide (EPG)



Section I: Pre-Planning

Tentative Date

At minimum, events should be planned three months in advance. Most successful events are planned 4-6 months prior to the date of the event.

Primary Purpose

What is the reason you are planning this event? Keep this section short; one – two sentences.

Brief Description

Give a brief description of the proposed event and background information. Insert one or two paragraphs about the event. In the description, include some history about the event.

Connections to the Girl Scout Program.

List how this event relates to the Girl Scout Leadership Experience. This section should answer one or all of the questions: How does this event achieve one or more of Girl Scouts' Five Outcomes? Does the event provide opportunities for girls to **discover, connect** and/or **take action**? How does the event incorporate Girl Scouts' Three Processes?

Specific and measurable goals:

Determine your overall goals for the event? How many girls do you want to attend? How much money would you like to raise? List your goals here.

Committee Members and Critical Contacts

Who are your committee members (their contact information) and what are their specific responsibilities? This list will also include any contacts outside of GS-NCCP who are critical to the planning and/or success of this event.

Materials, Supplies, and Resources

What specific materials, supplies and resources will be required? List everything you will use for the event. If it's not listed here, could you run the project without it? Picture making a peanut butter and jelly sandwich, what all do you need? Could you make one without a plate, a knife, peanut butter, jelly, bread, etc? This includes things a like a site for the event, flyers to publicize it, nametags, etc.

Anticipated Materials, Supplies, and Resources List				
Material or Supply	Quantity	Assigned To:	Date Needed	Purchase? Donate?

Potential Problems and Solutions

List and describe potential problems you might encounter and solutions. If you think nothing can go wrong, keep thinking – even the most well-planned events can hit a bump. List any problems you think you may encounter and what your solution/s is/are for dealing with the them. There may be more than one solution for a problem.

Specific Steps

List the specific steps to bring this event to a successful completion showing planned dates for each step. Again, consider the peanut butter and jelly sandwich idea. You need to take bread out of the bag, put it on the plate, open lid of peanut butter, stick knife in peanut butter, etc. Consider everything you'll need to do to get this project done. Remember these are all tentative!

Proposed Budget

Complete a proposed budget indicating all anticipated income and expenses. Be sure to account for all the materials in your materials list. Estimate the cost of donated items based on what they would cost if you had to purchase them. When cost is based on the number of items needed, list the number of units expected and the cost per unit.

Proposed/Estimated Income

Item	Proposed
Income	
Total Income	
Donated Items	
Total Donated Items	
Total Estimated Income	

Proposed/Estimated Expenses

Item	Proposed
Expenses	
Total Expenses	
Donated Items	
Total Donated Items	
Total Estimated Expenses	

Section II, Part 1: Final Report - Evaluating the Event

Revisions to the Original Event Plan

Record any revisions to the original plan. Place a date as to when the decision was made to make any changes. These should be significant changes, such as new steps not planned for or rearranging the order of steps so that they work better.

Date	New Action Taken

Changes and Recommendations

This is the most important part. This is where you let next year's chairperson know about the good, the bad, and the ugly. What changes or recommendations do you have for a future event chairman? What would you do differently if you had it to do over again?

Results and Impact

Give specific and measurable results for each goal established. Describe the impact of this project on the area, individual members, and the community.

Section II, Part 2: Final Report – Reconciling the Budget

Compare your proposed budget with the actual budget. This should be done on its own page. The proposed column must be the same as in the proposed budget.

Budget Reconciliation

Item	Proposed	Actual
Income from Registrations		
Total		
Donated Items		
Total Donated Items		
Total Income		
Expenses		
Total		
Donated Items		
Total Donated Items		
Total Expenses		

Net Profit/Loss	Actual
Line 1: Total Actual Income (from above)	
Line 2: Total Actual Expenses (from above)	
Enter: Line 1 less Line 2 <i>If Line 2 is less than Line 1 you have an Unexpected Profit. Determine how you will handle this with help from the members of the committee, your service unit manager and/or your membership director.</i>	

Area Event Budget Worksheet

The purpose of this worksheet is to help determine the registration fee for your area event.



Fixed Costs		Cost Per Unit
Transportation (Bus or Van)		
Site Rental		
Speakers/Human Resources		
Equipment Rental		
Office Supplies		
Portable Toilets		
Other		
Total Fixed Costs		
Per Participant Costs	Cost Per Girl	
Admission Fees		
Food (include snacks)		
Girl Scout Recognitions		
Printing and Postage		
Program Supplies		
Insurance		
Other		
Total Per Participant Costs		

Estimated Registration Fee

Enter Total Fixed Costs from above:

_____ (A)

Multiply Total Per Participant Cost per Girl from above

BY Expected # of Event Participants (remember, to include non-paying participants) and enter here:

_____ (B)

Add (A) and (B); enter here:

_____ (C)

Divide (C) by Expected # of Paid Registrations; enter here:

_____ *

*This is your per-person registration fee.



Girl Scouts - North Carolina Coastal Pines, Inc.
6901 Pinecrest Road, Raleigh, N.C. 27613
919-782-3021 or 800-284-4475

Plan 2- Accident Coverage Only

Enrollment form for Girl Scouts -- North Carolina Coastal Pines and Mutual of Omaha. This form is for

- For non-members participating in any Girl Scout-sponsored event lasting two consecutive nights or less. Also can be purchased for members or non-members participating in any Girl Scout-sponsored event lasting more than two consecutive nights if Sickness Coverage isn't needed
 - Cost is \$.11 per person per calendar (full or partial) day
 - Pays first \$130 of eligible medical expenses, then becomes excess to other insurance

Name of Leader or Person Submitting Form: _____

Email Address of Person Submitting Form: _____

Minimum \$5.00 order

	Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of days	Number of Participant Days	Premium Each Day @ \$.11	Total
1						0	0.11	\$0.00
2						0	0.11	\$0.00
3						0	0.11	\$0.00
4						0	0.11	\$0.00
5						0	0.11	\$0.00
6						0	0.11	\$0.00
7						0	0.11	\$0.00
8						0	0.11	\$0.00
9	d					0	0.11	\$0.00
10						0	0.11	\$0.00
	Total	N/A	N/A	0	0	0	0.11	\$0.00

Please make check payable to Girl Scouts -- North Carolina Coastal Pines for the total premium shown above. The completed form along with the check should be sent to:
Girl Scouts - North Carolina Coastal Pines 6901 Pinecrest Road Raleigh, NC 27613. This form must be received six weeks prior to event date.



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919-782-3021 or 800-284-4475

Plan 3E- Accident and Sickness Coverage (Excess)

Enrollment form for Girl Scouts -- North Carolina Coastal Pines and Mutual of Omaha. This form is for

- Recommended for members and non-members participating in any Girl Scout-sponsored event lasting more than two consecutive nights
- Cost is \$.29 per person per calendar (full or partial) day
- Pays first \$130 of eligible medical expenses, then becomes excess to other insurance

Name of Leader or Person Submitting Form: _____

Email Address of Person Submitting Form: _____

	Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of days	Number of Participant Days	Premium Each Day @ \$.29	Total
1						0	0.29	\$0.00
2						0	0.29	\$0.00
3						0	0.29	\$0.00
4						0	0.29	\$0.00
5						0	0.29	\$0.00
6						0	0.29	\$0.00
7						0	0.29	\$0.00
8						0	0.29	\$0.00
9						0	0.29	\$0.00
10						0	0.29	\$0.00
	Total	N/A	N/A	0	0	0	0.29	\$0.00

Please make check payable to Girl Scouts - North Carolina Coastal Pines for the total premium shown above. The completed form along with the check should be sent to: Girl Scouts - North Carolina Coastal Pines 6901 Pinecrest Road Raleigh, NC 27613. This form must be received six weeks prior to event date.



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Plan 3I- Accident and Sickness Coverage (primary international)

Enrollment form for Girl Scouts -- North Carolina Coastal Pines and Mutual of Omaha. This form is for

- Recommended for members and non-members participating in any Girl Scout-sponsored international trip lasting more than two consecutive nights
 - Includes Travel Assistance Services. Cost is \$1.17 per person per calendar (full or partial) day.
- Trip roster (to include country[ies] traveling to), dates of trip, names and ages of participants) required
 - Pays from first dollar of any eligible medical expenses, regardless of availability of other insurance.

Name of Leader or Person Submitting Form: _____

Email Address of Person Submitting Form: _____

	Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of days	Number of Participant Days	Premium Each Day @ \$1.17	Total
1						0	1.17	\$0.00
2						0	1.17	\$0.00
	Total	N/A	N/A	0	0	0	1.17	\$0.00

Please make check payable to Girl Scouts - North Carolina Coastal Pines for the total premium shown above. The completed form along with the check should be sent to: Girl Scouts - North Carolina Coastal Pines 6901 Pinecrest Road Raleigh, NC 27613. This form must be received six weeks prior to event date.



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Plan 3P- Accident and Sickness Coverage (Primary)

Enrollment form for Girl Scouts -- North Carolina Coastal Pines and Mutual of Omaha. This form is for

- For members and non-members participating in any Girl Scout-sponsored event lasting more than two consecutive nights
 - Cost is \$.70 per person per calendar (full or partial) day
 - Pays from first dollar of any eligible medical expenses, regardless of availability of other insurance
 - Approved by Program Department

Name of Leader or Person Submitting Form: _____

Email Address of Person Submitting Form: _____

	Name and Location of Event	Beginning Date	Ending Date	Number of Participants	Number of days	Number of Participant Days	Premium Each Day @ \$.70	Total
1						0	0.70	\$0.00
2						0	0.70	\$0.00
3						0	0.70	\$0.00
4						0	0.70	\$0.00
5						0	0.70	\$0.00
6						0	0.70	\$0.00
7						0	0.70	\$0.00
8						0	0.70	\$0.00
9						0	0.70	\$0.00
10						0	0.70	\$0.00
	Total	N/A	N/A	0	0	0	0.70	\$0.00

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Girl Scouts - North Carolina Coastal Pines 6901 Pinecrest Road Raleigh, NC 27613. This form must be received six weeks prior to event date.

Report of Income Received

This form should be used to submit registration fees received to the area treasurer.



Date: _____

Submitted by: _____

Submitter's Email: _____

Event Name and Date: _____

Date Received	Received From:	Troop Number	Check Number	Amount
Total Deposit				

Area Event Director/Event Committee Member Signature

Date

For Service Unit Treasurer

Received Date: _____ Date Deposited: _____

Area Event Troop Registration Roster



Troop Number: _____ Program Level _____

Co-Leader (1) Name: _____

Email: _____

Phone Number: _____

Co-Leader (2) Name: _____

Email: _____

Phone Number: _____

	Girl Scout's Name	Parent/Guardian Name's	Phone Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

Girl Scouts – North Carolina Coastal Pines Crisis Response

Toll-Free Emergency Hotline: 855-255-6905

In line with recommendations from Girl Scouts of the USA, our council has developed a plan and a team to help respond to any crisis needing attention beyond local troop or service unit volunteers. Such emergencies are incidents of a serious nature that occur during Girl Scout activities.

For the purposes of Girl Scouts and this plan, an emergency or crisis is defined as any of the following:

- Death or serious injury during a Girl Scout activity
- Allegation of misconduct, abuse or anything that threatens safety of member(s)
- Violence/natural disaster threatening Girl Scouts
- Traffic accident involving Girl Scouts during Girl Scout activity
- An illness serious enough to require hospitalization and/or widespread illness
- Any situation which involves law enforcement officers
- Lost group/camper/Girl Scout (who is ultimately found)
- Crime either committed by or against a girl, volunteer, or staff member
- Allegation of tampering with or safety of products sold
- Threat of legal action
- Other occurrences that may have adverse media or legal implications

If you become aware of any incident related to the ones outlined above:

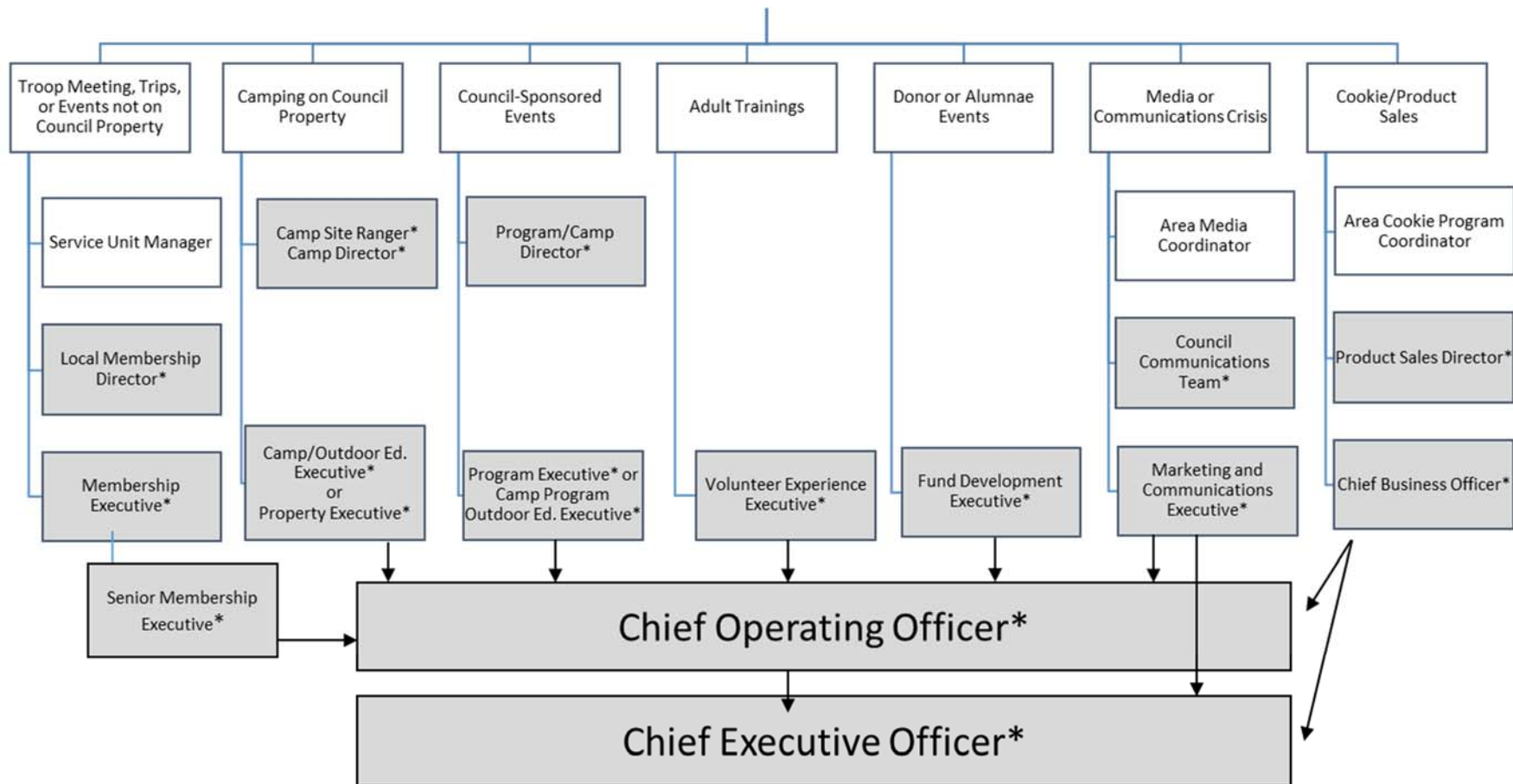
1. **Remain calm.** Find out as much information as quickly as possible about the situation including: **Who:** name(s), girl/adult, emergency contact; **What:** nature of incident; **Where/When:** location, address and when it occurred; **How:** possible causes.
2. **Give priority attention to the care for the injured.** If needed, call 9-1-1 to secure emergency medical care and police as appropriate.
3. **Ensure the safety of others** including, but not limited to, troop members, campers, volunteers, etc.
4. **Ascertain whether a parent/guardian or emergency contact has been notified**, as applicable.
5. **Notify the council of the emergency** by calling **855-255-6905, available 24 hours a day**, and provide your information when requested.
6. As needed, **retain responsible person at the scene and/or with the injured.** Do not disturb victim or surroundings until assistance arrives.
7. **For all internal, public, or media inquiries, make no statement of any kind.** Do not share any names or information. Refer inquiries to Crisis Management Team and direct them to call the council at 800-284-4475. A council spokesperson will respond to all media inquiries. If pressured, use the following statement: “Thank you for sharing your concern. I don’t have all of the facts, and I am not in a position to answer any questions. Please call the council at 800-284-4475.”
8. **Gather facts.** Complete an Accident/Injury Report Form or Incident Report Form and submit to the Crisis Management Team at the Raleigh Service Center/Corporate Office along with copies of the health history and parental permission form and any other pertinent resources as promptly as possible but within 24 hours of occurrence to incidents@nccoastalpines.org.
9. **Be sensitive to the fact that those involved in a traumatic situation may need further support.** Contact the council staff liaison or the Crisis Management Team if additional assistance is needed.

For minor incidents that are not a crisis or emergency and are unlikely to lead to a crisis situation, please follow the communication network on the reverse side to notify appropriate person(s) and complete the accident/injury/incident report(s) as appropriate.

Council Communication Network

For minor incidents that are not a crisis or emergency and are unlikely to lead to a crisis situation, please follow the communication network below to notify appropriate person/s and complete the accident/incident report/s as appropriate. As severity of situation warrants, ensure concern and safety, contact emergency services, and call the council's toll-free emergency hotline, 855-255-6905. Use the network below for reporting minor incidents.

Volunteers: troop co-leader, media coordinators, event director, service unit team member reporting a crisis occurring at the following events.



*Employees of Girl Scouts – North Carolina Coastal Pines



EMERGENCY REPORTING NUMBER
855-255-6905

If contacted by the media, please provide the following statement:

"Thank you for your concern. I don't have all the facts and I am not in a position to answer any questions.
Please call the council at: 800-284-4475.



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ACCIDENT/INCIDENT REPORT

Premises, Facilities and Events

PROCEDURES AND COMMUNICATIONS

- **Remain calm.** Find out as much information as quickly as possible about the situation including: **Who:** name(s), girl/adult, emergency contact; **What:** nature of incident; **Where/When:** location, address and when it occurred; **How:** possible causes.
- **Give priority attention to the care for the injured.** If needed, call 9-1-1 to secure emergency medical care and police as appropriate.
- **Ensure the safety of others** including, but not limited to, troop members, campers, volunteers, etc.
- **Ascertain whether a parent/guardian or emergency contact has been notified**, as applicable.
- **Notify the council of the emergency** by calling **855-255-6905, available 24 hours a day**, and provide your information when requested.
- As needed, **retain responsible person at the scene and/or with the injured.** Do not disturb victim or surroundings until assistance arrives.
- **For all internal, public, or media inquiries, make no statement of any kind.** Do not share any names or information. Refer inquiries to Crisis Management Team and direct them to call the council at 800-284-4475. A council spokesperson will respond to all media inquiries. If pressured, use the following statement: "Thank you for sharing your concern. I don't have all of the facts, and I am not in a position to answer any questions. Please call the council at 800-284-4475."
- **Gather facts.** Complete the Accident/Injury Report Form or Incident Report Form and submit to the Crisis Management Team at the Raleigh Service Center/Corporate Office along with copies of the health history and parental permission form and any other pertinent resources as promptly as possible but within 24 hours of occurrence to incidents@nccoastalpines.org.
- **Be sensitive to the fact that those involved in a traumatic situation may need further support.** Contact the council staff liaison or the Crisis Management Team if additional assistance is needed.

INJURED PERSON: If more than one injured person, list other persons in "Injuries" section below and complete a separate Accident/Incident report for each injured individual.

Name of Injured Person			Name of Parent/Guardian (if minor)	
			Notified by (circle one): Phone Other -specify: When? (time/date)	
Address			Parent's Response	
City	State	Zip	Telephone Number/s Home () Cell ()	

ACCIDENT/INCIDENT DATE AND LOCATION

Date of Accident ____/____/____	Time of Accident a.m. p.m.	Location of Accident (in detail)
Date Reported ____/____/____	Time Reported a.m. p.m.	

INJURIES: Describe the nature of any apparent injuries.

Injured Person is (circle one): Girl Volunteer Staff Visitor/Parent Helper Other		Transported by (circle one): N/A Volunteer Ambulance Parent	
Registered Member? (circle one) YES NO		Other _____	
Describe the Injury		List the Name(s) of Any Other Injured Persons (complete a separate Accident/Injury Report for each)	
Was First Aid administered? (circle one) YES NO		1. _____	
First Aid administered by?		2. _____	
Where? (circle one) At accident site Hospital Doctor's office N/A		3. _____	

Where was the injured party taken after the accident?

Who was the injured party released to after treatment - include name and relationship to injured?

List any WITNESSES

Name	Address	Phone Number

ACCIDENT DESCRIPTION

<p>What was the injured person doing at the time of the accident?</p> <p>Did the accident occur at a Girl Scout event? (circle one) YES NO</p> <p>Describe how the accident occurred.</p> <p>What caused the accident?</p>	<p>Draw a diagram of the site of the accident.</p>
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ACCIDENT/INCIDENT SITE CONDITIONS (if applicable)

INDOOR CONDITIONS		OUTDOOR CONDITIONS			
Type of Lighting (describe)	Quality of Lighting Poor Good Excellent	Weather Conditions (describe)	Clear Sleet	Snow Other _____	Rain
		Visibility (describe)	Daylight Fog	Dark Other _____	Clear
Type of Floor (describe)	Concrete Carpet Tile Wood Other _____	Type of Surface (describe)	Concrete/Asphalt Curbing Other _____		Grass/Ground Stairs/Ramp
Condition of Floor (describe)	Dry Wet Worn/Damaged Freshly Waxed Other	Condition of Surface (describe)	Dry Wet/Standing Water Icy/Snowy Hole/Damaged Surface Other _____		

PERSON COMPLETING THIS REPORT

Name (please print): _____ Position _____	
Telephone Number: () _____ Date _____	
Other Comments:	

[illegible]

Event Safety Management Plan



Key Contacts

Area Event Director: _____

Event Director's Phone Number: _____

Email: _____

Date Area Event Director Training Completed: _____ Any other applicable training? List below.

Service Unit Manager: _____

Service Unit Manager's Phone Number: _____

Membership Director: _____

Membership Director's Phone Number: _____

Registered Participant Summary

Number of girls registered: _____ Program Levels (circle): D B J C S A

Are siblings invited? Y N

Number of adult females: _____ Number of adult males: _____

Site Information

Name of Event site: _____

911 Address: _____

Event Start Date: _____ Event Start/End Times: _____ to _____

Event Information

Types of Activities Planned

Have *Safety Activity Checkpoints* been reviewed for all planned activities? Y N

Name of first aider (if appropriate): _____

First Aider's Phone Number: _____

Emergency Numbers

Site Contact Name: _____

Phone Number: (____) _____

Nearest Fire Department: _____

Phone Number: (____) _____

Police/Sheriff: _____

Phone Number: (____) _____

Nearest Emergency Medical Facility: _____

Address: _____

Phone Number: (____) _____

Directions to the Hospital

Emergency Evacuation Plan I

Evacuation Location: _____

Parent Notification Plan

Describe in detail, plan to notify parents in the event of an emergency. _____

Missing Girl Procedures

Who searches: _____

Who stays in unit/campsite with campers: _____

Who notifies authorities and council office: _____

Describe search procedures in detail (give step by step directions) _____

Intruder Plan

In case of an intruder, our event will: _____

Contingency Plan

In case of rain, our event will: _____

Alternate site or plan in case of weather or site problems: _____

Sample Daisy or Brownie Evaluation


















What Do You Think?

Date: _____ Program Name: _____

Troop: _____ County: _____

Please circle which best describes how you feel for each statement....

1. I had fun today   
2. I met new friends   
3. I think I can take what I learned today and help others   
4. I think I could be a leader   
5. I am a part of a bigger Girl Scout community   

What was your favorite part of today?

Is there anything else that you would like to share?

Sample Junior - Ambassador Evaluation



What Do You Think?

Date: _____ Program Name: _____

Troop: _____ County: _____

On a scale of 1 to 10, tell us how you feel about what you did today. Circle your rating.

(Didn't like it!) 1 2 3 4 5 6 7 8 9 10 (AWESOME!)

After participating in this event, I feel that I ... (check all that apply)

- ☐ Had fun
- ☐ Learned a new skill / activity
- ☐ Met new people / friends
- ☐ Am / could be a leader
- ☐ Met other girls with the same interests
- ☐ Am a part of a bigger Girl Scout community
- ☐ Can take what I learned
- ☐ Can share some of what I learned with little help from others

What was your favorite part?

What is one new thing you learned?

Is there anything else you'd like us to know or ideas you would like to share?

Sample Adult Evaluation



What Do You Think?

Date: _____ Program Name: _____

Troop: _____ County: _____

Overall, how did you like the event? Excellent Good Fair

Your program level: Daisy Brownie Junior Cadette Senior Ambassador

Workshops & Activities: Rank the classes you attended/assisted. Circle your choice below.

Activity Comments:	Excellent	Good	Fair	Didn't Go
Activity Comments:	Excellent	Good	Fair	Didn't Go
Activity Comments:	Excellent	Good	Fair	Didn't Go
Activity Comments:	Excellent	Good	Fair	Didn't Go
Activity Comments:	Excellent	Good	Fair	Didn't Go
Activity Comments:	Excellent	Good	Fair	Didn't Go

What is one memorable part of the event?

What suggestions could you offer for next year's program?

Any other comments? (Schedule, pre-event materials, facilities, staff, food, etc.)