

Community Partner Agreement

Organizations may partner with Girl Scouts North Carolina Pines in different ways. Be sure to read through the entire Community Partner Information Packet before filling out this agreement. ***Discount Partners are not required to complete the Community Partner Agreement, as Girl Scouts North Carolina Coastal Pines does not sponsor these activities.*** Please complete on your computer, save a copy and email to the appropriate Program Team member or the Program Executive. Electronic initials and signatures are accepted.

The relationship between Girl Scouts North Carolina Coastal Pines and Community Partners is a voluntary partnership and can be dissolved at any time for non-compliance with our safety and risk management standards, insurance requirements, and actions that do not align with the mission and values of Girl Scouts.

- Community Partner Agreements are valid from October 1st through September 30th annually.
- An organization is considered a partner with Girl Scouts North Carolina Coastal Pines when the agreement is initialed/signed and the insurance requirements (list on page 5) are fulfilled.
- All activities must be staffed by the community partner's staff or volunteers. Girl Scouts North Carolina Coastal Pines cannot offer staff assistance during activities. We do however reserve the right to attend for observation purposes.

Section 1: Community Partner Organization Overview

Name of partner organization:

Address Line 1:

Address Line 2:

City:

State:

Zip:

Organization Website:

Main phone number:

Email Address:

Name of contact person:

Job title of contact person:

Has the organization been a partner with Girl Scouts North Carolina Coastal Pines in the past? Yes No

Please provide a brief description of the partner organization:

Community Partner Option (check all that apply)

- Girl Scout Leadership Experience Partner for Badges or Journeys
- Just for Fun Patch or Fun Outing Partner

Section 2: Acknowledgement of Girl Scout Policies and Procedures

Please read and initial each item to verify that your organization understands these requirements and will diligently work to adhere to these standards.

_____ The partner organization supports Girl Scouts in its efforts to make Girl Scouting available to all girls and adults, regardless of race, ethnicity, religion, age, national origin, gender, veteran status, sexual orientation, marital status, or the presence of any physical, sensory, or mental disability (provided that the participant can safely undertake the activity).

_____ The partner acknowledges that Girl Scouts may not raise or solicit money for other organizations, may not participate in walkathons or telethons, and may not participate directly or indirectly in any political campaigns.

_____ The partner acknowledges that Girl Scouts North Carolina Coastal Pines will not give out personal contact information or email addresses of its members and that if the council receives complaints regarding the use of personal contact information and email addresses, the partnership will not continue.

_____ Organizations that partner with Girl Scouts North Carolina Coastal Pines must submit a current certificate of insurance verifying that the organization has a reasonable amount of general liability coverage for the activities the activity will include.

_____ The partner will comply with all applicable safety guidelines including those stated in the partner information packet's insurance and safety requirements section. Read and follow applicable [Safety Activity Checkpoints](#).

_____ The partner will refrain from sharing the Girl Scouts program materials with any other parties or organizations and only use it to train and prepare your staff to provide the program opportunities.

_____ Partner organizations understand that all permission forms and waivers must be signed by a parent/guardian if the participant is under 18 years of age.

_____ The partner understands that Girl Scouts North Carolina Coastal Pines cannot guarantee event attendance.

_____ The partner has read and will follow the expectations articulated in the partner information packet on these topics:

- Registrations
- Cancellation Policy
- Photography
- Girl Scout Brand
- Activity Survey

_____ The relationship between Girl Scouts North Carolina Coastal Pines and each Community Partner organization is voluntary and can be dissolved at any time.

_____ **Community Partner Printed Contact Name**

_____ **Signature**

_____ **Date**

Email the completed Community Partnership Agreement and proof of insurance to the Program Executive or appropriate Program Team member.

If you have any questions, please reach out to:

Laura Lee Davis
Program Executive
ldavis@nccoastalpines.org
252.342.0868