

Private Residence Annual Authorization Form

- If you will be meeting in a private residence on a regular basis, the homeowner/renter must complete and submit this form to the Service Unit Coordinator (or designee) two (2) weeks prior to the first troop/group meeting in the residence. *Please write clearly. Incomplete form will delay processing.*
- Please make sure that all areas of the private residence selected for troop/group meetings and/or activities are easily accessible to all members, including girls with different abilities.
- To be completed *annually*.

Please Note: Service Unit Coordinator must submit this form to the Director of Membership at customercare@gssc.us or mail to: GSSC, Attn: Director of Membership 442 Moreland Road, Commack, NY 11725

Troop Information

Service Unit #: _____ Troop #: _____ Level: ☐ Daisy ☐ Brownie ☐ Junior ☐ Cadette ☐ Senior ☐ Ambassador
 Leader's Name: _____ Co-Leader's Name: _____
 # of Girls: _____ # of Adults: _____

Home Owner Information

Name(s) of Homeowner/Renter: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Major Cross Streets: _____ Email: _____
 Home Phone: _____ Cell Phone: _____
 List Adults Residing in the Home (18 Years & older) List Types of Pets Residing in the Home (Dog, Cat, Bird, etc.)

_____	_____
_____	_____
_____	_____

As the homeowner/renter, please read & initial each of the following requirements:	
<input type="checkbox"/>	I have successfully completed the Volunteer Application Process and Background Check.
<input type="checkbox"/>	I have received & read the Meeting Place Safety Guidelines & verify that all have been checked and are in compliance.
<input type="checkbox"/>	The home is safe, secure, clean, properly ventilated, heated, and free from hazards and has at least two exits. "Emergency exits are functioning, easily accessible, adequate and well-marked."
<input type="checkbox"/>	The area is large enough for the troop/group and for a variety of activities.
<input type="checkbox"/>	First aid equipment and fire extinguisher are on hand. Smoke detectors are installed and operational.
<input type="checkbox"/>	The home has accessible toilets and sanitary facilities, including facilities designed to accommodate those with different abilities.
<input type="checkbox"/>	Residence is accessible by functioning telephone or other communication equipment.
<input type="checkbox"/>	Adequate lighting is present, in the activity area and at the entrance and exit.
<input type="checkbox"/>	Ensure an allergen-free environment. All pets are to be secured away from the meeting area and access to girls at all time. Be sure pet dander and other common allergens won't bother susceptible girls or adults during meetings.
<input type="checkbox"/>	Residence must be safe: Free of old cars, equipment lying about on the property. Property must be free of any hazardous materials (i.e. trash, glass, rusty equipment...)
<input type="checkbox"/>	Smoking or drinking of alcoholic beverages by volunteers and/or residents in the presence of girls is prohibited.

GSSC reserves the right to require any member of my household over the age of 18 to submit to a background check screening or to request proof of insurance. The Service Unit Coordinator reserves the right to conduct a site visit.

As the homeowner/renter, I have adequate insurance on the property and accept the potential liabilities of having Girl Scout activities at our residence. In the event of an accident, your homeowners insurance may be accessed. I understand that personal property damage or loss due to Girl Scout activities is the responsibility of the homeowner/renter and not of GSSC. I further understand that any member of my household over the age of 18 may be required to submit authorization for background check screening if meetings will be held in my place of residence.

Signature of homeowner/renter: _____ Date: _____