girl scouts of western ohio

Trainer Name: _____ Camp ID#: _____

# Statement of Informed Consent and Verification of Training

I understand that as a volunteer I might be exposed to infectious diseases or blood-borne pathogens by direct contact with blood and other body fluids. I agree to follow Universal Precautions while volunteering for Girl Scouts. I have received Universal Precautions Training according to recommendations from the Center for Disease Control. I understand that these procedures protect myself and others from infectious and/or communicable diseases. This documentation of instruction will be retained in volunteer records.

I am acknowledging that I have received day camp training in the following topic areas:

Girl Scout Leadership Experience
Behavior Management
Age Level Characteristics
Child Abuse and Prevention
Exposure Control
*Safety Activity Checkpoints*
Day Camp Objectives/Goals
Staff Structure
Unit Operations
Daily Schedule
Camp Finances
Outdoor Skills
Emergency Procedures
Transportation Procedures
Bad Weather Procedures
Health and First Aid

| Print Name | Signature | Date |
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**If you are also the Day Camp First Aider, read and sign below**

I, as the camp First Aider, have an updated Hepatitis B vaccination at this time.
Signed: _____ Date: _____

1101357-011/2020