

Guidelines

1. All Girl Scouts and family members **must complete the requirements during one membership year** which runs from October 1st - September 30th.
2. Participating family members may be a parent, grandparent, older sibling, guardian, aunt, uncle, or any other adult whom a girl considers "family." Family members may also include Leaders with daughters in their own troop/group or another troop/group.
3. One or more family members may complete activities.
4. When Girl Scouts are siblings, the family may conduct the six activities jointly or separately. All sibling Girl Scouts may purchase the patch.
5. Family members work with the girl(s) to complete two starred and four unstarred requirements for a total of six activities.
6. Family members should complete the required activities, fill in the form, and return it to the Troop/Group Leader. The Troop/Group Leader will verify that requirements have been met and submit the completed form to their Council Service Center, Attn.: Membership Department.
7. The patch is awarded during the first year of participation. Families earning the patch in subsequent years will earn rockers to be placed around the basic patch. Patches are available through the Membership Department at a cost of \$1.00 per patch and .50 cents per rocker.
8. Patches are worn on the back of the girl's vest or on her sash.

Family Commitment to Their Girl Scout

On our honor, we will try

To share our Girl Scout's interest

And show appreciation for her efforts to live up to the Promise and Law;

To give her opportunities to practice her new skills;

To attend the troop events to which we are invited;

And to support Girl Scouting by working for and contributing to activities and funds that make Girl Scouting possible in our community.

Family adult signature _____ Date _____

Family adult signature _____ Date _____

Requirements to Earn a Patch or Rocker

Complete a total of six activities including at least two starred* activities during the membership year.

1. Help at a "Love Your Camp Day".
Camp Day at _____ Date _____
2. Share a skill, talent, or hobby with the troop or a group of Leaders in your area.
Skill shared _____ Date _____
3. Provide transportation for at least one troop outing.
Outing _____ Date _____
4. Locate resource people for the troop/group program.
Resource Contacted _____ Activity _____
5. Assist Troop/Group Leader by making telephone calls.
Activity _____ Date _____
6. Assist Troop/Group Leader by preparing snack for a meeting or activity.
Snack prepared on (date) _____
7. Accompany the troop/group on an outdoor activity.
Activity _____ Date _____
8. Assist with a troop/group project or activity.
Activity _____ Date _____
9. *Serve as a trained Troop/Group Leader, Assistant Leader, or Co-Leader.
Orientation _____ BLT _____ Level _____
10. *Serve as Troop/Group Cookie Manager or QSP Manager.
Troop # _____ Training _____ Date _____
11. *Complete CPR/First Aid training and serve as the Troop First Aider.
Trained _____
12. *Complete the Outdoor Training and serve as the Troop/Group Outdoor Trained Adult.
Trained _____
13. At least once assist the Troop/Group Leader with record keeping or paperwork.
Activity _____ Date _____
14. Care for the Leader's children during a training or troop/group function.
Date _____
15. Take a Council-sponsored workshop to aid troop with weekly programs.
Workshop _____ Date _____
16. *Register with GSUSA through your troop/group.
Troop # _____ Date _____
17. *Be a member of your local Service Team. Position _____
18. *Contribute to the annual Family Partnership Fundraising. Date _____

RECOGNITION FORM
My Family Partners with Girl Scouts of Connecticut

Dear Participating Adult(s):
When you have completed all the activities needed, please sign and date this form and return it along with your patch or rocker payment to your Girl Scout's Troop/Group Leader.

Adult(s) participating in activities:

Girl Scout(s) earning recognition:

Address _____

City _____ State _____ Zip _____

Phone Number _____

Please answer the following question:

How has Girl Scouting made a difference to your family?

Signature _____ Date _____

Troop number _____ Service Unit _____

Troop/Group Leader's name _____

Address _____

City _____ State _____ Zip _____

Troop/Group Leader's Signature _____

_____ # Patches @ \$1.00 = \$ _____

_____ # Rockers @ \$.50 = \$ _____ Total enclosed: \$ _____

Troop/Group Leader, please return form **by September 30th** to your local Girl Scout Service Center.
Attn.: Membership Department

Patches will be provided to you for distribution to the family.

**My Family Partners
with
Girl Scouts of Connecticut
Patch Program**



This program has been designed to stimulate more family involvement in Girl Scouting. Your participation not only enhances the Girl Scout Program, but also offers a unique and rewarding experience for family members to have fun and spend quality time with the special girls in their life.

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