

Girl Scouts of Middle Tennessee
REQUEST FOR PROGRAM AIDE FORM

Troop Level _____	Troop Number _____	Number of Girls _____
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Leader Name _____

Email Address _____

Phone Number (Home) _____ (Cell) _____

Leader's Years of Experience in Girl Scouting:

Daisy ___ Brownie ___ Junior ___ Cadette ___ Senior ___ Ambassador ___

Troop Meeting Place: _____
Day / Time of Meeting: _____
Preferred dates for PA Assistance: _____

Are there any girls in your troop with disabilities or special needs?

If so, what _____

Do any of your troop members speak a language other than English?

If so, what languages? _____

Check the box that you are requesting a Program Aide for:

Crafts	Song Leading
Games	Ceremonies
Camping Skills	Fairy Myst
Other (be specific) _____	Outdoor Activities (specify) _____

I have received worksheet on working with a Program Aide: ___ yes ___ no

Signature _____ Date _____

Send to: Girl Scouts of Middle Tennessee
4522 Granny White Pike
Nashville, TN 37204
Attn: Jeanne Billings