



INTERPROVINCIAL EVENTS CAMPING FORM FOR GIRLS AND ADULTS

Part 1: To be completed by applicant when camping is part of the event. After filling out Part 1, applicant will forward Part I and Part II of this form to a Guider of a recent camp. The guider must not be a relative and must be a different Guider than the one you ask to complete the Guiding Reference.

Name of Applicant: \_\_\_\_\_ Event: \_\_\_\_\_

Using the space below, list your camping experience within Guiding during the past five years, beginning with the most recent camp.

Year	Type of camp (e.g residential, co-ed, established site, adventure, winter)	Name and/or location of camp	Number of nights	Type of shelter building, canvas, lightweight tent, other(specify)	Specialized skills required e.g. canoeing, cycling, backpacking, horseback riding,etc.

Cooking Experience: Are you experienced using:

	Charcoal	Wood	Propane	White gas	Buddy	Other, please specify
Yes, completely						
Would prefer supervision						
No						

Please outline your camping experience outside of Guiding ( family, church, school, other)

\_\_\_\_\_

Guiders Applying For An Interprovincial Event: Please indicate how many times you have been:

Responsible Guider \_\_\_\_\_ Assistant Guider \_\_\_\_\_ Other, please explain \_\_\_\_\_

**Confidential Camping Reference – for Girls and Adults Part II**

Name of Applicant: \_\_\_\_\_ Event: \_\_\_\_\_

- **To be completed by a Guider (not a relative) who has recently camped with the applicant.** This is a confidential form that will not be shared with the applicant and will be shredded 90 days after the event.
- **Please comment on the applicant in the following areas:** leadership, skills, sense of responsibility and co-operation, awareness, ability to cope with different situations and campers. Please ensure that the ONLY place where the applicant's first or last name appears on this page is in the space provided above.

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I \* recommend/do not recommend this applicant. ( \* circle the correct word applicable\* )

\_\_\_\_\_ (Signature)  
 \_\_\_\_\_ (Date) \_\_\_\_\_ (Name of Camp) \_\_\_\_\_ (Year)  
 of Guider)

**Please Print**

Name of Guider: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Telephone : \_\_\_\_\_

**Do not Return This Form To the Applicant**

**Please Return by \_\_\_\_\_ To**  
 Girl Guides of Canada-Nova Scotia Council  
 3581 Dutch Village Rd,  
 Halifax, NS B3N 2S9

We protect and respect your privacy. Your information is used to communicate within our organization. We do not provide or sell this information outside our organization. For further information, see our privacy statement at [www.girlguides.ca](http://www.girlguides.ca)