

# HELPING HANDS PATCH PROGRAM

**for Girl Scout Daisies, Brownies, Juniors, Cadettes & Ambassadors**

## **PURPOSE**

To increase adult involvement in Girl Scout troop activities

## **INTRODUCTION**

*This patch program was introduced by the Girl Scouts of the Becky Thatcher Area. It is being adapted for use by the combined membership of Girl Scouts of Eastern Missouri.*

Troop Leaders are extremely busy people with families and multiple commitments. Adults who participate in this program will help give support to Troop Leaders, expand troop program opportunities, and help with retention of girls and adults. It is very important to have the support and assistance from other adults so Troop Leaders can focus on providing a quality program.

## **RECOGNITION**

Each Girl Scout whose family member or adult friend completes the required activities and submits the *Helping Hands Completion Form* will receive a Helping Hands patch.

## **ACTIVITIES**

The Girl Scout's family member or adult friend must complete Activity 1, plus 2 of activities 1-8 and 4 of activities 9-17 during the course of the membership year (Oct. 1-Sept. 30). Upon completion of the activities, the adult who provided the service should fill out the *Helping Hands Completion Form and Evaluation* and submit the forms to the Troop Leader for her signature. The Troop Leader will be responsible for submitting the form and payment for the patch to the Girl Scout Service Center in Hannibal or St. Louis.

These forms can be found at [www.girlscoutsem.org](http://www.girlscoutsem.org) under "Programs."

1. Register as an adult member of the troop/group and complete the Volunteer Application process.
2. Serve as Troop/Group Leader, Assistant, Co-Leader or Neighborhood Chair.
3. Serve as Troop/Group Cookie Activity Chair.
4. Serve as Troop/Group Fall Activity Chair.
5. Contribute to Girl Scouts of Eastern Missouri Annual Giving/Family Partnership.
6. Accompany the Troop/Group on an event or trip.
7. Certify and serve as the First Aid Level 1 for the troop/group.
8. Take a council-sponsored adult education course to aid the troop with program.  
(See current issue of *Volunteer Development Bulletin* for course listings.)
9. Provide transportation for troop trips/outings at least one time.
10. Help with troop telephoning at least one time.
11. Collect craft items for troop/group program activities.
12. Assist with paperwork or record keeping at least one time annually.
13. Attend a Leader's meeting in your community when the Troop Leader cannot be there.
14. Assist with a troop/group money-earning project.
15. Provide childcare for the adult leadership during a training or troop function.
16. Locate resource people for troop program activities.
17. Assist with April Showers or a service project/special event.



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## COMPLETION FORM

*To be completed by adult providing the services to the troop/group. Submit this form, along with your Evaluation, to the Troop Leader.*

\_\_\_\_\_ has completed the Helping Hands requirements for  
*Adult's name*

\_\_\_\_\_ in Troop # \_\_\_\_\_ in \_\_\_\_\_  
*Girl's name* *District/Neighborhood/Community*

***To be completed by Troop Leader:***

\_\_\_\_\_ *Troop Leader's signature*      \_\_\_\_\_ *Date*

Number of patches \_\_\_\_\_ x \$1.25/patch = \$\_\_\_\_\_ (please enclose payment for this amount)

***Troop Leader:***

***Submit this form, along with the Evaluation(s) from girls' family members, when ordering the patches.***

# HELPING HANDS PATCH PROGRAM

## EVALUATION

Thank you for your support of this Girl Scout troop. Your participation helps expand troop program opportunities and increase the quality of the troop program.

Please answer the questions below. Return the survey to the Troop Leader with the *Helping Hands Patch Completion Form*.

The troop number: \_\_\_\_\_

District \_\_\_\_\_ Neighborhood \_\_\_\_\_ **OR** School \_\_\_\_\_

Did you enjoy helping the troop?	<b>Yes</b>	<b>No</b>
Do you feel you've been able to give back to your community through this program?	<b>Yes</b>	<b>No</b>
Did you receive rewards you do not typically get in other aspects of your life?	<b>Yes</b>	<b>No</b>
Did your service enable the Girl Scouts to participate in a new activity?	<b>Yes</b>	<b>No</b>
Did you develop new skills that you can use in other aspects of your life?	<b>Yes</b>	<b>No</b>
Will you participate in the patch program next year?	<b>Yes</b>	<b>No</b>

Comments:

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### RACIAL/ETHNIC BACKGROUND

The following information is requested only to measure progress toward serving all girls in our jurisdiction.

American Indian or Alaskan Native     Asian or Pacific Islander

Black                       White                       Other

Is this girl also of Spanish/Hispanic origin? Yes  No

### DISABILITY INFORMATION

Does this girl have a disability? Yes  No

Please check the type of disability.

Speech Impairments     Hearing Impairment     Physical Impairments

Visual Impairments     Specific Learning Disabilities

Other Impairments: \_\_\_\_\_