



Outdoor Activity Leadership TENT CAMPING – REQUEST FOR TRAINING EQUIVALENCY

This questionnaire is based on the objectives of the four OAL Tenting training modules and is meant to help your Advisers determine the skills and experiences you have obtained outside of the OAL Tenting training format. Please answer these questions based on your experience working with youth. You may look up information in reference materials or online sources, but please answer in your own words.

Name:	<input type="text"/>
Email:	<input type="text"/>
Unit:	<input type="text"/>

iMIS #	<input type="text"/>
Phone:	<input type="text"/>
District:	<input type="text"/>

Planning and Packing

1. How does tent camping differ from indoor camping? Name at least 3 ways.
2. Considering the branch of youth you are working with, create a sample schedule for a weekend tent camp - Friday early evening until Sunday morning before lunch
3. How would you prepare the youth to pack for tent camping?
4. What chores should the patrols help with? How would you be sure each patrol participated?
5. Submit a suitable youth kit list for your tent camp.
6. Considering the campsite you would be using, what equipment would you need to bring to camp?

Tents and Tarps

1. How would you prepare the youth for successfully erecting, storm lashing striking, and caring for their tents?
2. How will your youth be using tarps at camp? How will you teach them to put these up?

Kitchens and Cooking

1. What are the safety and environmental concerns of camp cooking?

2. What cooking methods would you use at camp?

3. What is your favorite recipe using an alternative method of cooking (buddy burner, tinfoil oven, fires, etc.)

4. Supply a sample weekend menu that is inclusive to at least one allergy and one special diet.

Activities and Program

1. Where can you find resources to help you plan outdoor activities at camp?

2. What specific activities would you include in your camp itinerary to encourage knot and gadget knowledge?

3. How would you encourage safe use and skill development of axes, hatchets and knives?

4. Share one of your successful outdoor activities.

Practical Experience

Please list your 5 most recent camp experiences with youth. (If you do not have 5, list as many as you can)

Date(s)	# of nights	# of girls	Location	Indoor or Tent (specify whether platform tents, dome tents, adventure, etc.)	Branch in Guiding or age of youth	Name of Responsible Guider

Reference

Please provide the name of a Guiding reference who can confirm your experience and skills. This may be your District Commissioner, your District or Area Camping Adviser, your District or Area Training Adviser, or another Guider who has camped with you (preferably one who has taken this OAL training).

Name:	<input type="text"/>	Phone:	<input type="text"/>
Email:	<input type="text"/>	Position:	<input type="text"/>

Please submit this completed form as well as the TR.1 Request for Equivalency for Team Modules form (available on Member Zone) to the Provincial Training Adviser for consideration, at bc-training@girlguides.ca

You may be contacted by the Adviser to discuss your application; and you will be advised whether your request for equivalency has been granted, and for which modules.

Please note that training recognition pins are not awarded where equivalency has been granted.