Logo

Description automatically generated**Outdoor Activity Leadership  
FOUNDATION MODULES – REQUEST FOR TRAINING EQUIVALENCY**

*This questionnaire is based on the objectives of the five OAL Foundation training modules and is meant to help your Advisers determine the skills and experiences you have obtained outside of the OAL 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.*

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| --- | --- | --- | --- |
| **Name:** |  | **iMIS #** |  |
| **Email:** |  | **Phone:** |  |
| **Unit:** |  | **District:** |  |

**Getting Outside**

1. Give examples of three different ways to incorporate outdoor activities into unit meeting plans.

Click here to enter text.

1. Describe how you include youth members in the planning process. (Choose one branch)

Click here to enter text.

1. How do you ensure that youth members are dressed appropriately for outdoor activities?

Click here to enter text.

1. Where do you find resources for planning outdoor activities?

Click here to enter text.

**Leading**

1. What is your particular leadership style? How does this work to your advantage or disadvantage in helping camp run smoothly?

Click here to enter text.

1. What Safe Guide forms must you complete for an overnight camping trip and submit to a Safe Guide Assessor? When must these be submitted?

Click here to enter text.

1. What is the INS.01 form? Give two examples of when it might need to be completed at camp.

Click here to enter text.

1. Give an example of a way you would support youth to challenge themselves at camp.

Click here to enter text.

1. How would you create an emotionally safe environment at camp?

Click here to enter text.

**Planning**

1. How do you include youth in the camp planning process?

Click here to enter text.

1. What are the essential roles and responsibilities of your camp staff?

Click here to enter text.

1. When should you start planning a weekend unit camp, and why?

Click here to enter text.

1. Who could you turn to for advice about the suitability of a camp location for your unit

Click here to enter text.

1. Considering the branch of youth you are working with, create a sample schedule for a weekend camp – Friday evening after dinner until Sunday morning before lunch.

Click here to enter text.

1. Why is it important to have the youth participate in “chores” at camp? What are the duties appropriate for your Guiding branch?

Click here to enter text.

1. Describe a successful camp theme. Provide details.

Click here to enter text.

1. List the main categories to be considered when creating a budget for camp.

Click here to enter text.

1. List the main topics you would want to cover at a pre-camp meeting for caregivers

Click here to enter text.

**Food & Nutrition**

1. What would you consider when planning the menu for a weekend camp for your unit?

Click here to enter text.

1. Describe how you would scale up your favourite recipe so that it would feed 20 Sparks and 3 Guiders

Click here to enter text.

1. Describe how you would deal with
   1. a youth member who has a life-threatening allergy to peanuts

Click here to enter text.

* 1. a youth member whose family prefers to eat vegan

Click here to enter text.

1. Describe any 3 elements for each of safe food handling and kitchen clean-up practices.

Click here to enter text.

**Camp Life**

1. How and when do you conduct a fire safety drill and general orientation of camp? Be specific.

Click here to enter text.

1. How would you deal with a homesick youth member?

Click here to enter text.

1. List two camp program activity ideas appropriate for the branch of Guiding you work with.

Click here to enter text.

1. Why are evaluations from the youth participants important? List 2 methods of eliciting their opinions.

Click here to enter text.

**Practical Experience**

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

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| --- | --- | --- | --- | --- | --- | --- |
| **Date(s)** | **# of nights** | **# of girls** | **Location** | **Indoor or Tent** | **Branch in Guiding or age of youth** | **Name of Responsible Guider** |
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**Reference**

Please provide the name of a Guiding reference who can confirm your experience and skills. This may be your District Commissioner, District Camping Adviser, District Training Adviser, or another Guider who has camped with you.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | **Phone:** |  |
| **Email:** |  | **Position:** |  |

**Please submit this completed form as well as the TR.1 Request for Equivalency for Team Modules form (available on Member Zone) to your Area Training Adviser or the Provincial Training Adviser for consideration.**

**You may be contacted by an 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.*