**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.*

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

**Planning and Packing**

1. How does tent camping differ from indoor camping? Name at least 3 ways.

Click here to enter text.

1. 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

Click here to enter text.

1. How would you prepare the youth to pack for tent camping

Click here to enter text.

1. What chores should the patrols help with? How would you be sure each patrol participated?

Click here to enter text.

1. Submit a suitable youth kit list for your tent camp.

Click here to enter text.

1. Considering the campsite you would be using, what equipment would you need to bring to camp?

Click here to enter text.

**Tents and Tarps**

1. How would you prepare the youth for successfully erecting, storm lashing striking ,and caring for their tents?

Click here to enter text.

1. How will your youth be using tarps at camp? How will you teach them to put these up?

Click here to enter text.

**Kitchens and Cooking**

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

Click here to enter text.

1. What cooking methods would you use at camp?

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

**Activities and Program**

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

Click here to enter text.

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

Click here to enter text.

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

Click here to enter text.

1. Share one of your successful outdoor activities.

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 (specify whether platform tents, dome tents, adventure, etc.)** | **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.*