

Date Received _____

Part 1: To be completed by Applicant when camping is part of the event. After filling out Part 1, Applicant will forward Part 1 and Part 2 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 Confidential Guiding Reference (AB-Camping-03). **

Name of Applicant:

iMIS #:

Event:

Using the space below, list your camping experience within Guiding during the past five years, beginning with the most recent camp. Attach an additional sheet if required.

Year	Type of Camp: Residential, Co-ed, Established Site, Adventure, Winter, Etc.	Name and/or Location of Camp:	Number of Nights	Adult Role	Type of Shelter: Building, Canvas, Lightweight Tent, Etc.	Specialized Skills Required: Canoeing, Cycling, Backpacking, Horseback Riding, Etc.

GUIDERS - Please indicate how many times you have been:

Responsible Guider:

Assistant Guider:

Other - Explain: (FA, QM, Program)

ALL APPLICANTS - Cooking Experience - Are you experienced using?

	Charcoal	Wood	Propane	Other (Specify)
Yes, completely				
Would prefer supervision				
No				

Part 2: Confidential Camping Reference

Name of Applicant: _____

iMIS #: _____

Event: _____

Date Received _____

- **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.

I last camped with this applicant: _____

Date/Year: _____

Comments: _____

I recommend this applicant: ☐ Yes ☐ No

Name of Guider: _____ iMIS #: _____ Signature of Guider: _____

Telephone: _____ Email: _____ Date: _____

Do Not Return This Form to the Applicant

Please Return by _____ To:

OR Scan/Email to: **any-camping@girlguides.ca** OR
FAX to: **780.426.1715**

Girl Guides of Canada, Alberta Council

11055 – 107 St. NW

Edmonton, AB T5H 2Z6

Attention: Interprovincial Selections

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)