

The home must be the home of a registered, background checked, council-approved volunteer. All places selected for troop/group meetings and or activities are easily accessible to all members, including girls with different abilities.

The meeting area must meet the following criteria:

Staff Initials	Homeowner Initials	
_____	_____	1. The home is safe, secure, clean, properly ventilated, heated, free from hazards and has at least two exits. Emergency exits are functioning, easily accessible, adequate, lighted and well-marked.
_____	_____	2. The area is large enough for the group and for a variety of activities.
_____	_____	3. First-aid equipment and fire extinguisher are on hand. Smoke detectors are installed and operational.
_____	_____	4. The home has accessible toilets and sanitary facilities, including facilities designed to accommodate those with different abilities.
_____	_____	5. It is accessible by telephone or other communication equipment.
_____	_____	6. Adequate lighting is present in the activity area and at the entrance and exit.
_____	_____	7. If there are pets, girls must be surveyed to ensure there are no allergies to those animals. All pets are to be secured away from the meeting area and access to girls at all times.
_____	_____	8. Residence must be safe: <ul style="list-style-type: none"> • Free of old cars, equipment lying about on the property • Property must be free of any hazardous materials (i.e. trash, glass, rusty equipment...) • There must be railings on all stairs • Unloaded firearms must be stored completely out of view and in a locked space (gun vault, safe, cabinet, etc.) • Ammunition should be stored in a locked location separate from firearms.
_____	_____	9. No smoking or use of alcohol, by any residents, when girls are present. Girls are not exposed to second-hand smoke; the property must be free of second-hand smoke.

Please note: Proof of your homeowner’s insurance policy must be attached to this checklist. In the event of an accident, your homeowner’s insurance may be accessed.

ALL Household members:

Name _____	Relationship _____	Pets _____
Name _____	Relationship _____	Pets _____
Name _____	Relationship _____	Pets _____
Name _____	Relationship _____	Pets _____
Name _____	Relationship _____	Pets _____
Name _____	Relationship _____	Pets _____

A criminal background check on all household members is required for anyone residing in the home over the age of 18. (Meeting Place Safety, GSUSA)

Signature of Homeowner _____ **Date** _____

Troop/Group # _____ **Service Unit#** _____

Home visit completed by _____ **Date** _____