

Outdoor Activity Leadership Program Requirements

To establish your recognition in the Outdoor Activity Leadership Program:

1. Review the training and experience as outlined below.
2. Complete the REVERSE for the level(s) at which you are requesting recognition.
3. For the Blaze section, attach photocopies of documented advanced or specialized training or certification.
4. Mail or fax this form to your Camp Adviser or District Commissioner.

OAL Recognition

- Recognition is given for training and outdoor activity provided for girls that has been completed as outlined on the chart below.
- Include any training related to the curriculum of the core competencies that will enhance your ability to lead girls in the outdoors. LDP training is separate from OAL training.
- Training and experience is accumulated and applied to only one section.
- Blaze level recognizes additional training beyond the Trail level and includes external specialized training or certification such as (LSS, CRCA, wilderness first aid, college course, Leave No Trace, etc.).
- For a camping experience to be considered towards OAL recognition:
 - you must be the 'responsible Guider' for the management of activities following the *Safe Guide* checklists.
 - at least 50% of the participants must be girl Members of Girl Guides of Canada. Other camping experiences can be considered as training.
 - the camp must be organized by Girl Guides of Canada.
- Participants at the camp(s) complete the "Camp Fun Check-up" or a similar evaluation tool.

	Path	Trail	Blaze
Training	8 hrs	8 hrs	Additional training or certification Plus a 3 hr focus group discussion
Outdoor Leadership With Girls	Level III 2 nights; at 1 camp as Guider responsible for using the <i>Safe Guide</i> checklists	Level III 6 nights; including two 2-night camps as Guider responsible for using the <i>Safe Guide</i> checklists	Level IV/V 4 nights; at least 2 moving camps as Guider responsible for using the <i>Safe Guide</i> checklists
Timeframe	Within 3 years	Within 5 years	Within 5 years



Outdoor Activity Leadership Program

Guider Record

REQUESTED LEVEL(s) OF RECOGNITION: Path _____ Trail _____ Blaze _____

TRAINING

Date(s) Month & Year	Topic	Hours
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Total Hours of Training: _____

OUTDOOR LEADERSHIP

Date(s) Month & Year	Type (Residential, tent, adventure)	Risk Level	# of Nights
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Total Number of Nights: _____

Name _____ iMIS # _____

Phone _____ E-mail: _____

Signature _____ Date _____

Mentor or Camp Adviser:

Name _____ iMIS # _____

Signature _____

Appendix 5