Dear Girl Scout,

Our lives are marked through historical events and believe it or not, you are living through history right now. We have created a variety of activities for you and your family to create a time capsule together. You will share this with future generations years from now to let them know what it was like to live through the COVID-19 Pandemic. This is an all-level activity book, so younger Girl Scouts may need help, but that’s what makes this a family effort! We hope you enjoy these activities and stay home/stay safe!

**HOW TO CREATE YOUR TIME CAPSULE:**

♦ Print out the activity book.

♦ Follow the activities using art supplies, pens, pencils and add your own personal touches like photographs, newspapers, popular COVID-19 items (masks, toilet paper, etc.) and items of your choice.

♦ Save your Time Capsule one of the follow ways:
  ♦ Purchase an anti-corrosion, waterproof stainless steel container to bury your time capsule in the yard. *(Make sure you keep track where it’s buried!)*
  ♦ Use a storage box from your house to keep your time capsule inside on a closet shelf or some where safe for years!

*Time Capsule Activity Packet partially adapted from materials from CNN Underscored & Long Creations.*
COVID-19
Time Capsule

Created by:

Date: ____________________________

, 2020
ABOUT ME!

My name is: ____________________________________________

Age: ___________________ Grade: _______________________

Girl Scout Level: _______________________________________

Troop #: ______________________

A FEW OF MY FAVORITE THINGS!

COLOR: ____________________________________________

ANIMAL: ____________________________________________

T.V. SHOW: _________________________________________

SONG: ______________________________________________

MUSICIAN: _________________________________________

MOVIE: _____________________________________________

BOOK: ______________________________________________

FOOD: ______________________________________________

Insert or Draw a Picture of Yourself Here.

SCHOOL!

I go to: _____________________________________________

My teacher(s) is/are: __________________________________

My favorite subject is: _________________________________

My extracurricular activities are: _________________________

My best friend is: ___________________________________
Shelter-in-Place Date Begin: __________________________
Shelter-in-Place Date End: __________________________

Where am I sheltering?
Location: __________________________________________
City, State: _________________________________________

Who am I sheltering with? (Have them sign their names in the box below!)

How has this experience made me feel? __________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
What have I learned from this experience? __________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
What has changed most for me and my family during this time?
________________________________________________________________
________________________________________________________________
________________________________________________________________
________________________________________________________________
What I am most thankful for during this experience is: __________________
________________________________________________________________
________________________________________________________________
What have I been doing to pass the time?

What is something that is helping me cope?

What do I think about how my community, state, country and world are handling COVID-19?

THE TOP THREE THINGS I’M LOOKING FORWARD TO WHEN THIS IS OVER ARE:

1. 

2. 

3. 

Holidays & Special Events

What occasions did you celebrate during this time?
Write the event and how you celebrated below!
(For example: St. Patrick’s Day, Passover, Easter, Birthdays, etc.)

<table>
<thead>
<tr>
<th>EVENT</th>
<th>DATE</th>
<th>HOW DID YOU CELEBRATE?</th>
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</table>
Interview your Caregivers!
Ask your parents, grandparents or adult who cares for you the following questions!

What does work and school different for us all during this time?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
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Top 3 Moments During This Time:
1. __________________________________________
   __________________________________________
   __________________________________________

2. __________________________________________
   __________________________________________
   __________________________________________

3. __________________________________________
   __________________________________________
   __________________________________________

Goal(s) After This:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Passing the time:
Favorite TV Show:_________________________________________________________
Favorite Movie:__________________________________________________________
Favorite Book:___________________________________________________________
Favorite Inside Family Activity:__________________________________________

What hobbies or activities have you enjoyed during this time:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Name:
Letter From Your Caregiver

Date: ______________

Dear: ____________________________________________,

____________________________________________________________________________________

____________________________________________________________________________________

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Love,

____________________________________________________________________________________
Letter To Your Future Self

Date: ______________

Dear: ____________________________________________

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________________________________________________________________________

Love,

________________________________________________________________________
Items In Your Time Capsule:

Include a list of the items inside your Time Capsule with an explanation if needed. Make sure to include items with historical and personal value.