

# PSOC Trip Proposal Form



## PSOC Trip Proposal

This document should be completed online using a PDF editor and submitted at least 2 weeks before departure date

DATE(S) OF ACTIVITY: Oct 15-16  
 TRIP ACTIVITY(S): backpacking  
 TRIP LOCATION: loyalsock state forest  
 # OF PARTICIPANTS: \_\_\_\_\_

### TYPE OF ACTIVITY:

- Recreational Trip  
 Day Trip  
 Multi-day Trip  
 Skill Clinic/Workshop

### TRAVEL INFORMATION:

CAMPUS DEPARTURE TIME: 8am DATE: 10/15

CAMPUS RETURN TIME: 6pm DATE: 10/16

APPROXIMATE DRIVE TIME: 2 hrs # OF VEHICLES: ~5

### PARTICIPANT INFORMATION (voluntary medical forms can be downloaded separately):

1) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No

CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

2) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No

CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

3) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No

CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

4) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No

CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

5) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No

CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

6) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No

CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

7) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No

CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

8) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No

CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No

EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

9) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No  
 CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No  
 EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_  
 10) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No  
 CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No  
 EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_  
 11) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No  
 CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No  
 EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_  
 12) NAME: \_\_\_\_\_ VOLUNTARY HEALTH FORM?  Yes  No  
 CELL PHONE #: \_\_\_\_\_  WFR  WFA  OTHER \_\_\_\_\_ ABLE TO DRIVE?  Yes  No  
 EMERGENCY CONTACT: \_\_\_\_\_ EMERGENCY CONTACT #: \_\_\_\_\_

**PARTICIPANT RESPONSIBILITIES:**

*\*Each item should have one Person's name next to it. (Novices should be paired with an Experienced member to complete responsibilities.)*

PARTICIPANT CONTACT: caitlin VEHICLE/TRAVEL LOGISTICS: amy  
 CASH ADVANCE/FINANCES: quinn MENU/FOOD PREP: amy  
 TRIP PAPERWORK: caitlin GEAR/EQUIPMENT: amy

**IMPORTANT DATES:**

PRE-TRIP MEETING DATE: oct 4 TIME: 9pm  
 GEAR PULL/FOOD PREP DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
 POST-ACTIVITY DEBRIEF DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

*\*Use the spaces below to schedule other times to meet as a group to plan & prepare.*

PLANNING MEETING #2 DATE: oct 11 TIME: 9pm  
 PLANNING MEETING #3 DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**OUTCOMES:**

*Are there any unique goals and outcomes for this activity?*

empower women in the outdoors while backpacking and camping

*What is your plan to gauge or determine the goals and expectations of participants?*

discuss at pre trip meetings



**EMERGENCY ACTION PLAN**

TRIP LOCATION: Loyalsock State Forest TRIP DATE(S): 10/15-10/16  
 TRIP ACTIVITY(S): Backpackingg  
 ON-CALL CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_  
 CALL-OUT TIME: 6pm Date: 10/16 *\*If no contact within 2 hours of call-out time emergency response will be initiated.*

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ANTICIPATED WEATHER CONDITIONS/HAZARDS:

50-60 during day low 40s at night. potential rain.

DISCUSS NOTABLE ISSUES & PLAN FOR MANAGEMENT:

(use the matrix format we have demonstrated to describe: risk/hazard - management strategies - communication - likelihood - severity)

Proper gear ( boots, layers, equipment)  
 hydration

**Location Information**

CAMPGROUND/  
 CAMPSITE: Loaylsock Backcountry campsite Phone: \_\_\_\_\_  
(Name/Description)  
41.51458,-76.89652  
(street address, city, state, zip OR coordinates & location description)

TRAILHEAD #1/  
 PUT-IN: Old Loggers Path Trailhead Phone: \_\_\_\_\_  
(Name/Description)  
41.52666,-76.83141  
(street address, city, state, zip OR coordinates & location description)

TRAILHEAD #2/  
 TAKE-OUT: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Name/Description)  
 \_\_\_\_\_  
(street address, city, state, zip OR coordinates & location description)

Cell Reception: Y  N  Comments: unsure

Nearest Landline: 9922 PA-154, Shunk, PA 17768  
(street address, city, state, zip OR coordinates & location description)

LOCAL SERVICE Baumunks General Store- Phone: 570-924-3231  
(outfitter, store, (name) service, etc.)  
9922 PA-154, Shunk, PA 17768  
(street address, city, state, zip)

USE THIS SPACE TO INSERT A COPY OF YOUR MAP WITH THE FOLLOWING ITEMS MARKED:  
CAMPSITES, WATER SOURCES, PARKING, TRAILHEAD #1 AND #2, EVACUATION POINTS

<https://www.alltrails.com/explore/trail/us/pennsylvania/old-loggers-path-to-long-run-trail>

VEHICLE LIST:

(should include make, model, color, and license plate number)

Amy Welshimer  
Becky Turner  
Liz Connolly  
Rahi Patel

### Emergency Response & Evacuation Plan

When an emergency (unplanned event that results in a serious medical injury occurs staff will assume the following roles:

SAFETY PERSON #1: Caitlin Daley

*(Should take lead in Medical situations)*

SAFETY PERSON #2: Amy Welshimer

*(Acts as partner to Safety Person #1)*

SAFETY PERSON #3: Sophie Miller

*( Only needed in special cases, but nice to have)*

USE THIS BOX TO LIST SOME DANGERS OF THE AREA AND HOW TO DEAL WITH THEM:

dehydration- streams to fill water- filtration needed  
 hypothermia- must bring proper layers and rain gear  
 common trail injuries such as ankle injuries, scrapes, blisters  
 should be treated by WFA/WFR

### Emergency Contacts & Services Information

LAW ENFORCEMENT: Canton Borough Police Department Phone: 570-673-5133  
(barracks/municipality/region)  
4 N Center St, Camton, PA 17724

RANGER STATION: Ricketts Glen State Park Phone: 570-477-5675  
(park/region)  
Benton PA, 17814. 41.335311, -76.301186  
(street address, city, state, zip)

PRIMARY HOSPITAL: Guthrie Troy Community Hospital Phone: 570-297-2121  
(name)  
275 Guthrie Dr, Troy PA 16947  
(street address, city, state, zip)

URGENT CARE: MedExpress Phone: 570-323-4072  
(name)  
1953 E Third st Williamsport, PA, 17701  
(street address, city, state, zip)



### DETAILED ITINERARY

TRIP LOCATION: Loayalsock State Forest TRIP DATE(S): 10/15-10/16

TRIP ACTIVITY(S): Backpacking

DATE	ITINERARY (Time, Activity, Location)	OVERNIGHT LOCATION	LESSONS/NOTES
10/15	leave deike around 7am drive 2hrs to trail head hike 9.5 miles to campsite set up camp/ start to cook dinner and relax bed before 10pm	41.5145753, -76.8965206	
10/16	wake up around 7am break down camp/ cook breakfast leave by 8:45 hike 6.4miles out stop for lunch on trail drive 2hrs back		

DATE	ITINERARY (Time, Activity, Location)	OVERNIGHT LOCATION	LESSONS/NOTES

**BACKUP/ALTERNATE PLAN OPTIONS**

<https://www.alltrails.com/explore/trail/us/pennsylvania/loyalsock-trail-and-link-trail-loop>

**ADDITIONAL NOTES:** *(How much water is everyone carrying? Will you have to shuttle anywhere? Are there permits required? Can you have fires?)*

everyone should carry at least 2L of water  
no permit required  
paper map/ downloaded map  
trail is a loop, no shuttle necessary  
campsite is near water source

**GEAR/EQUIPMENT** (indicate which will be borrowed from PSOC or rented from OA):

all members are responsible for bringing their own gear or renting from OA or PSOC





**WEEKEND MENU/FOOD PLAN**

TRIP LOCATION: Loyalsock SF TRIP DATE(S): 10/15-10/16

TRIP ACTIVITY(S): backacpking

DATE	BREAKFAST	LUNCH/SNACKS	DINNER/DESSERT
10/15	DIETARY RESTRICTIONS/ALLERGIES/OTHER NOTES		will discuss at pre trip meeting
	C		
10/16	individual	individual	

DATE	BREAKFAST	LUNCH/SNACKS	DINNER/DESSERT

POST TRIP REPORT

WHAT WENT WELL AS A GROUP/WHAT DIDN'T?