

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: _____
 TRIP ACTIVITY(S): _____
 TRIP LOCATION: _____
 # OF PARTICIPANTS: _____

TYPE OF ACTIVITY:

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

TRAVEL INFORMATION:

CAMPUS DEPARTURE TIME: _____ DATE: _____

CAMPUS RETURN TIME: _____ DATE: _____

APPROXIMATE DRIVE TIME: _____ # OF VEHICLES: _____

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: _____ VEHICLE/TRAVEL LOGISTICS: _____
 CASH ADVANCE/FINANCES: _____ MENU/FOOD PREP: _____
 TRIP PAPERWORK: _____ GEAR/EQUIPMENT: _____

IMPORTANT DATES:

PRE-TRIP MEETING DATE: _____ TIME: _____
 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: _____ TIME: _____
 PLANNING MEETING #3 DATE: _____ TIME: _____

OUTCOMES:

Are there any unique goals and outcomes for this activity?

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



EMERGENCY ACTION PLAN

TRIP LOCATION: _____ TRIP DATE(S): _____

TRIP ACTIVITY(S): _____

ON-CALL CONTACT PERSON: _____ PHONE #: _____

CALL-OUT TIME: _____ Date: _____ **If no contact within 2 hours of call-out time emergency response will be initiated.*

ANTICIPATED WEATHER CONDITIONS/HAZARDS:

DISCUSS NOTABLE ISSUES & PLAN FOR MANAGEMENT:

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

Location Information

CAMPGROUND/
CAMPSITE: _____ Phone: _____
(Name/Description)

(street address, city, state, zip OR coordinates & location description)

TRAILHEAD #1/
PUT-IN: _____ Phone: _____
(Name/Description)

(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)

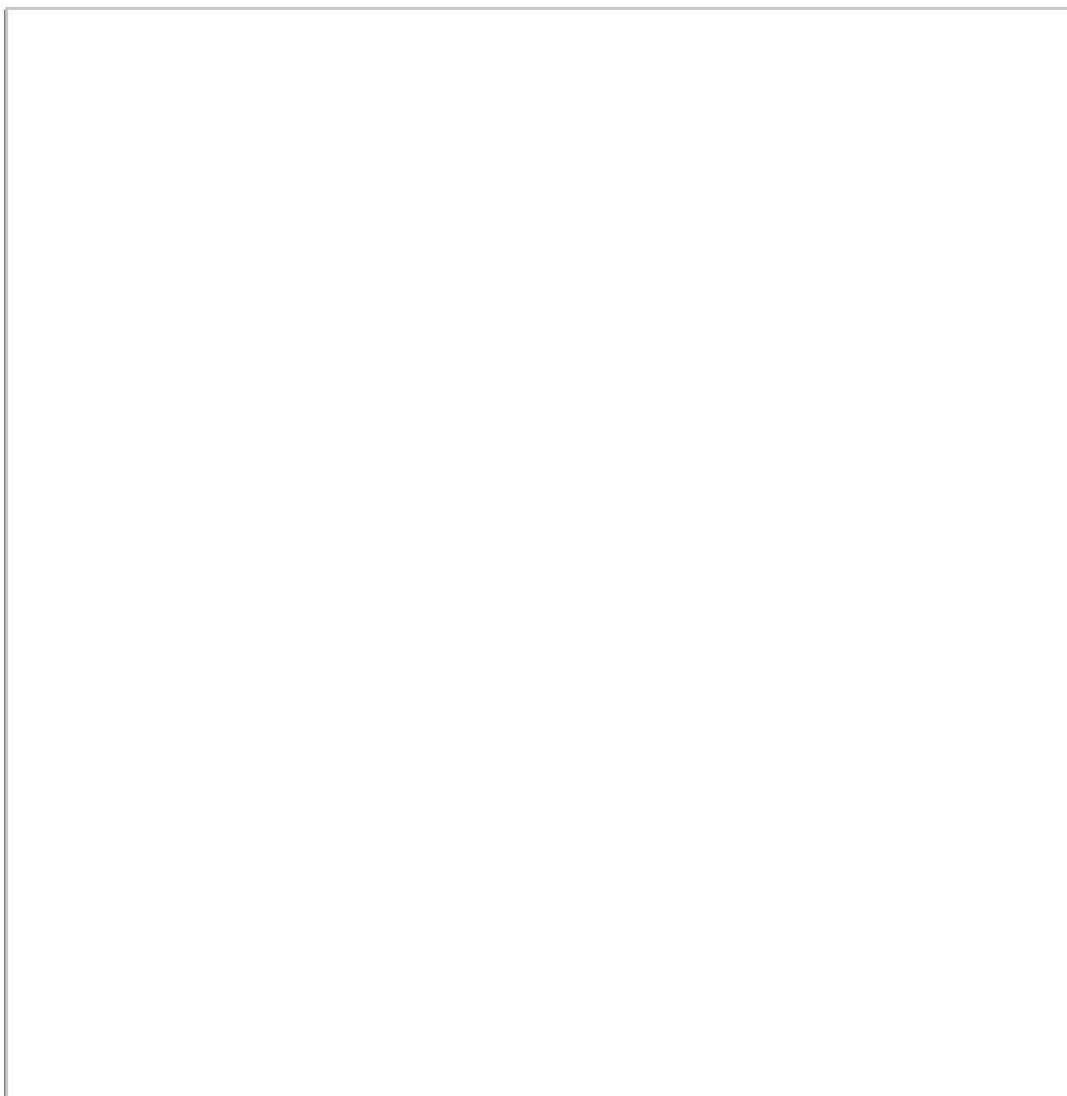
Cell Reception: Y N Comments: _____

Nearest Landline: _____
(street address, city, state, zip OR coordinates & location description)

LOCAL SERVICE _____ Phone: _____
(outfitter, store, service, etc.) (name)

(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**



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



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: _____

(Should take lead in Medical situations)

SAFETY PERSON #2: _____

(Acts as partner to Safety Person #1)

SAFETY PERSON #3: _____

(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:

Emergency Contacts & Services Information

LAW ENFORCEMENT: _____ Phone: _____
(barracks/municipality/region)

_____ (street address, city, state, zip)

RANGER STATION: _____ Phone: _____
(park/region)

_____ (street address, city, state, zip)

PRIMARY HOSPITAL: _____ Phone: _____
(name)

_____ (street address, city, state, zip)

URGENT CARE: _____ Phone: _____
(name)

_____ (street address, city, state, zip)

**DETAILED ITINERARY**

TRIP LOCATION: _____ TRIP DATE(S): _____

TRIP ACTIVITY(S): _____

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

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



WEEKEND MENU/FOOD PLAN

TRIP LOCATION: _____ TRIP DATE(S): _____

TRIP ACTIVITY(S): _____

DATE	BREAKFAST	LUNCH/SNACKS	DINNER/DESSERT
	DIETARY RESTRICTIONS/ALLERGIES/OTHER NOTES		

DATE	BREAKFAST	LUNCH/SNACKS	DINNER/DESSERT

POST TRIP REPORT

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