

## 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:

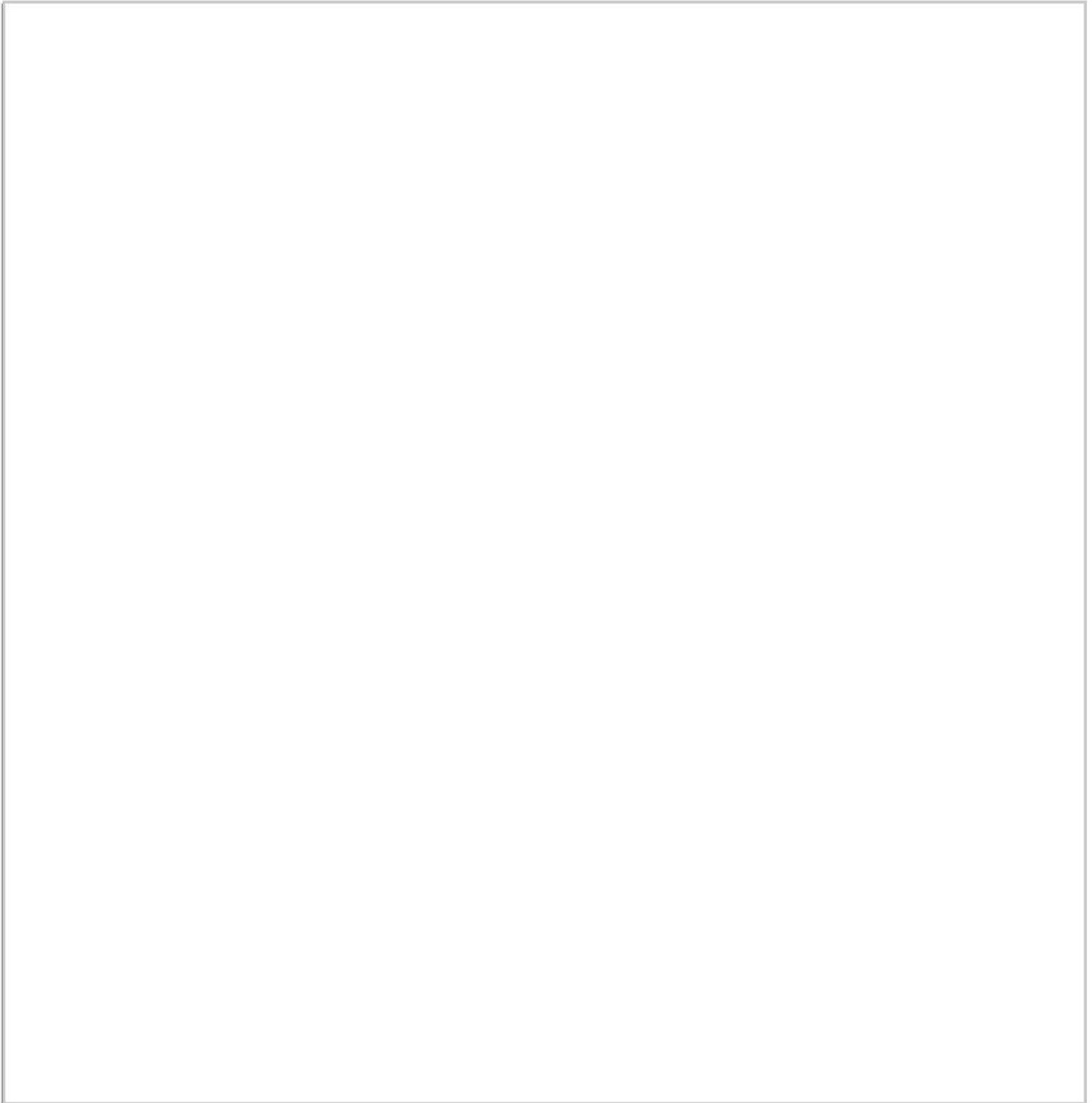
DISCUSS NOTABLE ISSUES &amp; PLAN FOR MANAGEMENT:

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

### Location Information

CAMPGROUND/  
CAMPSITE: **NOT APPLICABLE FOR DAY TRIPS** 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: Assume not, it is in and out.Nearest Landline: 147 Tunnel Spur Rd, Woodward, PA 16882  
(street address, city, state, zip OR coordinates & location description)LOCAL SERVICE Poe Haven Phone: +12674466620  
(outfitter, store, (name)  
service, etc.)147 Tunnel Spur Rd, Woodward, PA 16882\_\_\_\_\_  
(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: Armagh Township Police Department Phone: +17176677148  
(barracks/municipality/region)  
283 Broad St, Milroy, PA 17063  
(street address, city, state, zip)

RANGER STATION: Department of Conservation Phone: +15709223344  
(park/region)  
18865 Old Turnpike Rd, Millmont, PA 17845  
(street address, city, state, zip)

PRIMARY HOSPITAL: Mount Nittany Medical Center Phone: +18142317000  
(name)  
1800 E Park Ave, State College, PA 16803  
(street address, city, state, zip)

URGENT CARE: Geisinger Careworks Urgent Care Phone: +17172420196  
(name)  
224 N Logan Blvd #220, Burnham, PA 17009  
(street address, city, state, zip)

## DETAILED ITINERARY

TRIP LOCATION: \_\_\_\_\_ TRIP DATE(S): \_\_\_\_\_

TRIP ACTIVITY(S): \_\_\_\_\_

DATE	ITINERARY (Time, Activity, Location)	OVERNIGHT LOCATION	LESSONS/NOTES
		<b>NOT APPLICABLE FOR DAY TRIPS</b>	
	<b>NOT APPLICABLE FOR DAY HIKES</b>		
	<b>NOT APPLICABLE FOR DAY HIKES</b>		

**BACKUP/ALTERNATE PLAN OPTIONS**

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

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

POST TRIP REPORT

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