

## 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: _____ CELL PHONE #: _____ <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____	VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
2) NAME: _____ CELL PHONE #: _____ <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____	VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
3) NAME: _____ CELL PHONE #: _____ <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____	VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
4) NAME: _____ CELL PHONE #: _____ <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____	VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
5) NAME: _____ CELL PHONE #: _____ <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____	VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
6) NAME: _____ CELL PHONE #: _____ <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____	VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
7) NAME: _____ CELL PHONE #: _____ <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____	VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No
8) NAME: _____ CELL PHONE #: _____ <input type="checkbox"/> WFR <input type="checkbox"/> WFA <input type="checkbox"/> OTHER _____ EMERGENCY CONTACT: _____ EMERGENCY CONTACT #: _____	VOLUNTARY HEALTH FORM? <input type="checkbox"/> Yes <input type="checkbox"/> No ABLE TO DRIVE? <input type="checkbox"/> Yes <input type="checkbox"/> No

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:

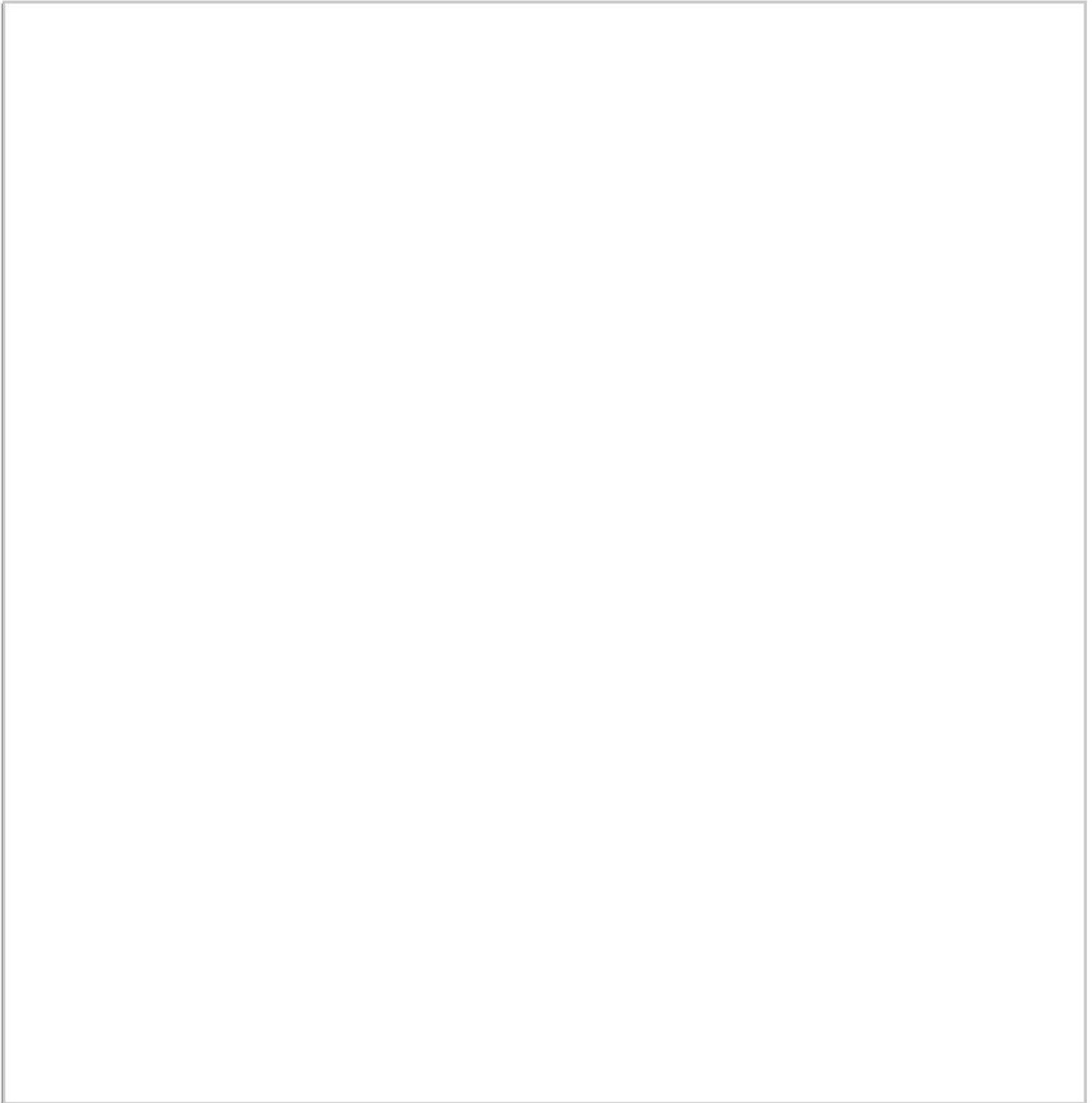
DISCUSS NOTABLE ISSUES &amp; PLAN FOR MANAGEMENT:

(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: \_\_\_\_\_Nearest Landline: \_\_\_\_\_  
(street address, city, state, zip OR coordinates & location description)LOCAL SERVICE \_\_\_\_\_ Phone: \_\_\_\_\_  
(outfitter, store, (name)  
service, etc.)\_\_\_\_\_  
(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
		<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?