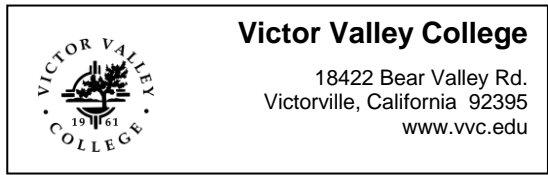


Department:
**Request for Student Field Trip
 and Excursions**



Original, completed forms must be submitted to Risk Management at least 2 weeks (in-state travel) or 6 weeks (out-of-state travel) prior to the date of departure to establish the proposed travel as a college-sponsored activity and ensure insurance coverage for staff, students and the District. **For overnight trips, please attach a copy of the Itinerary with hotel information and flight information, (if applicable).**

A. Field Trip Information

Supervising Staff Name: _____ Todays Date: _____
 Cell Phone (in case of emergency): _____ Extension: _____
 Department Name: _____ Course / Activity: _____
 Destination: _____
 Address: _____ City/State: _____
 Purpose of trip: _____

 Departure Date: _____ Time: _____ / Return Date: _____ Time: _____
 No. of Students Attending (attach roster): _____ Board Approval **required** (for out-of-state) _____

B. Check List

Completed (Mark with an "X")

- _____ Student: Agreement and Medical Release for Field Trips and Excursions (one per student)
- _____ Accomodations – DSPS form must be provided for student requiring accomodations
- _____ Non-student Volunteer Participation Form, if applicable (Volunteer must be approved through Human Resources)
- _____ Faculty/Staff Travel Authorization/Reimbursement Form

Transportation (check one)

- _____ District-owned Vehicle (Reservations must be made directly through M&O. A copy of the Vehicle Reservation Request form should be sent to the Risk Management Department.)
- _____ Chartered Transportation
- _____ Individual Arrangements (Class convenes AND adjourns at destination. Staff and District assume no responsibility for the "commute". **Staff must not supervise use of private cars, participate in carpool or caravan arrangements, or provide suggested routes/driving time.**)

Waiver: I understand that I hold the Victor Valley Community College District (herein referred to as "District"), its agents and employees harmless from any and all liability or claims, which may arise out of or in connection with my participation in this activity. (Reference: Title 5 Section 55220). I fully understand that participants are to abide by all rules and regulations governing conduct during the trip. Any violations of these rules and regulations may result in that individual being sent home at his/her expense.

 Instructor / Staff Signature Date

APPROVALS:

Division Dean / Director **Date**
 (Signature indicates trip approval AND that funds have been verified for this activity)

Vice President **Date**
 (Approval required for out-of-state OR overnight travel)

Anticipated Board approval date: _____