



Community Service Office

Gephardt Institute for Public Service

Service Trip Information Form

To be completed by the service trip leader

WU Group/Individual organizing/leading service trip: _____

Other non-WU organizations (if any) associated with trip: _____

Primary purpose of service trip: _____

Destination(s): _____

Departure Date: _____ Return Date: _____

Travel Method (*circle*): **PERSONAL CAR** **RENTAL CAR/VAN** **BUS** **PLANE** **TRAIN** **OTHER**

Description of accommodations: _____

Anticipated number of participants: _____ Anticipated number of organizers: _____

Participant fee: _____ Fee includes: _____

Additional participant expenses: _____ Expenses to cover: _____

Application deadline: _____ Notification to applicants: _____

Refund policy: _____

Contact for prospective applicants: _____

	Name	Email
Website for prospective applicants:	_____	_____

Overview of trip plan (itinerary, planned work, touring, etc. Please attach a separate page):

Local Site Contact #1 (Community Partner at Service Location)

Organization: _____

Name: _____

First

Last

Phone: _____

Cell

Office

Email Address: _____

Local Site Contact #2 (Community Partner at Service Location)

Organization: _____

Name: _____

First

Last

Phone: _____

Cell

Office

Email Address: _____

Please continue on Page 2

Service Trip Information Form (Page 2)

Note: It is required that at least one trip contact be participating in trip, and it is strongly recommended that at least one trip contact be staying in St. Louis.

Trip Contact #1 (WU Trip Organizer)

Name: _____
First Last

Cell Phone: _____ Circle one: **PARTICIPATING IN TRIP** **STAYING IN STL**

WU Affiliation (circle): **FRESHMAN** **SOPHOMORE** **JUNIOR** **SENIOR** **GRADUATE STUDENT** **FACULTY/STAFF** **OTHER**

Email Address: _____

Trip Contact #2 (WU Trip Organizer)

Name: _____
First Last

Cell Phone: _____ Circle one: **PARTICIPATING IN TRIP** **STAYING IN STL**

WU Affiliation (circle): **FRESHMAN** **SOPHOMORE** **JUNIOR** **SENIOR** **GRADUATE STUDENT** **FACULTY/STAFF** **OTHER**

Email Address: _____

Trip Contact #3 (WU Trip Organizer)

Name: _____
First Last

Cell Phone: _____ Circle one: **PARTICIPATING IN TRIP** **STAYING IN STL**

WU Affiliation (circle): **FRESHMAN** **SOPHOMORE** **JUNIOR** **SENIOR** **GRADUATE STUDENT** **FACULTY/STAFF** **OTHER**

Email Address: _____

By signing and submitting this form, our Service Trip agrees to:

- Participate in the Service Trip Coordinating Council
- Attend to health, safety, & travel precautions in planning & implementation of trip
- Provide information to trip participants as outlined in Guidelines for Service Trip Organizers
- Collect and submit required forms from trip participants and organizers
- Require that all trip participants attend the Council's training and culminating events
- Contribute financially to shared programming based on the agreed per person fee
- Participate in planning process for shared programming

Contact #1 Signature: _____ Date: _____

Contact #2 Signature: _____ Date: _____

Contact #3 Signature: _____ Date: _____