

# Released Time Risk Management Plan

## Important Contact Information

This important information should be accessible and available to all RT Volunteers.

Name of RT School \_\_\_\_\_

Name of RT Area Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

Name of RT School Coordinator \_\_\_\_\_ Phone \_\_\_\_\_

RT facility name \_\_\_\_\_ Phone \_\_\_\_\_

RT facility contact person \_\_\_\_\_ Phone \_\_\_\_\_

RT site address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Directions to RT site location:

Name of school \_\_\_\_\_ Phone \_\_\_\_\_

Contact Person at School \_\_\_\_\_ Position \_\_\_\_\_

Transportation to location is provided by \_\_\_\_\_

Name of bus driver \_\_\_\_\_ Phone \_\_\_\_\_

**Joy El Ministries'** address: 3741 Joy-El Drive, Greencastle, PA 17225-9001

**Joy El Ministries'** phone number: (717)-369-4539

Is there a first-aid kit? \_\_\_\_\_ Location \_\_\_\_\_

### Emergency information

Nearest hospital: Phone: \_\_\_\_\_

Nearest doctor or clinic: Phone: \_\_\_\_\_

Fire/Ambulance: Phone: 911

Poison Control Center: Phone: 800-521-6110

Police (State): Phone: \_\_\_\_\_

Police (Local): Phone: \_\_\_\_\_

Camp Insurance: Brotherhood Mutual