



SCA's Field Log (Community)

Dates: _____

Program Name: _____

Leader(s): _____

Field Log:

This calendar is provided to track wellness, dynamics and trends. Utilize this log daily to record illnesses, injuries, and medication use (if applicable). You can also use this log to record group dynamics and member behaviors to help you identify trends and manage issues. Complete and accurate information is essential for you to manage the well being of your team.

<p>Date: <u>7/7</u> Notes:</p> <p>Brianna was stung by wasp on right arm. Took 2 Benadryl (50 mg) and rested. No swelling or further problems.</p> <p>Incident? <u>Y</u> / N Near Miss? <u>Y</u> / N Reported? <u>Y</u> / N Performance Plan? <u>Y</u> / N <u>—</u></p>	<p>Date: <u>7/8</u> Notes:</p> <p>Jason used his asthma inhaler at morning break (10 AM). Was fine for rest of day.</p> <p>Incident? <u>Y</u> / N Near Miss? <u>Y</u> / N Reported? <u>Y</u> / N Performance Plan? <u>Y</u> / N <u>—</u></p>	<p>Date: <u>7/9</u> Notes:</p> <p>Scott refused to work today. Sat on trail most of morning. Created performance plan after discussion with CL Rob.</p> <p>Incident? <u>Y</u> / N Near Miss? <u>Y</u> / N Reported? <u>Y</u> / N Performance Plan? <u>Y</u> / N</p>
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Before your program, leaders:

- Document any allergies, current medical issues, and any listed accommodations.

During your program, leaders:

- Ask members on Day 1 if there have been any changes to their health or medications since they filled out their medical form and check for new medications
- Complete each box, every day, report incidents and near misses
- Document all signs and symptoms of injury and illness, including changes and trends, behavioral issues, verbal warnings and performance plans.

All medications brought to the field should be listed on a member's medical form. If your member informs you prior to or at the start of your program of a new medication or medical condition that is not listed on their medical forms, you must call your supervisor. All new medications/conditions must be reported.

<p>Date: Notes:</p> <p>Incident? Y / N Near Miss? Y / N Reported? Y / N Performance Plan? Y / N</p>	<p>Date: Notes:</p> <p>Incident? Y / N Near Miss? Y / N Reported? Y / N Performance Plan? Y / N</p>	<p>Date: Notes:</p> <p>Incident? Y / N Near Miss? Y / N Reported? Y / N Performance Plan? Y / N</p>	<p>Date: Notes:</p> <p>Incident? Y / N Near Miss? Y / N Reported? Y / N Performance Plan? Y / N</p>	<p>Date: Notes:</p> <p>Incident? Y / N Near Miss? Y / N Reported? Y / N Performance Plan? Y / N</p>
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SCA Near Miss Report Form

After documenting your near-misses here, if you have additional or on-going concerns or need support, please contact your coordinator ASAP.

Date and time: (time zone)

Who was involved and what happened:

Where and when did it occur?

What can you learn from this near miss and prevent it from happening again?

Have you conducted a debrief and what were the key points? Any action steps?

SCA Near Miss Report Form

After documenting your near-misses here, if you have additional or on-going concerns or need support, please contact your coordinator ASAP.

Date and time: (time zone)

Who was involved and what happened:

Where and when did it occur?

What can you learn from this near miss and prevent it from happening again?

Have you conducted a debrief and what were the key points? Any action steps?

SCA INCIDENT REPORT FORM

Incident Threshold Level: 0 I II III IV V

Incident Date: Incident Time: (time zone)

Person(s) involved in incident:

Location:

Incident reported by:

Position type: Crew Community Corps Intern Leader Team Admin/Office/Event

Environment: Urban Frontcountry Backcountry

Incident Occurred on Duty? Yes No

Incident Narrative

What action has been taken?

What is the plan moving forward?

Will there be continued communication? Yes No

Who?
When?

Type of Injury:

- Abrasion
- Contusion
- Laceration
- Puncture
- Sunburn
- Burn (non-sun)
- Blister

- Bug Bite(s) Kind:
- Sting(s) Kind:
- Rash from Plants
- Tick bite/embedded

- Fracture
- Sprain or Strain Head
- (conscious) Head
- (unconscious)
- Dislocation
- Other: _____

Type of Illness:

- Gastro/Intestinal
- Abdominal Pain
- Diarrhea
- Respiratory Symptoms
- Allergy

- Infection
- Flu Symptoms
- Lyme Disease
- UTI
- Fever
- Dehydration

- Heat Exhaustion
- Hypothermia
- AMS
- Other: _____

Behavioral:

- Motivation
- Drugs/Alcohol/Tobacco
- Psychological

- Verbal harassing behavior
- Physical harassing behavior
- Sexual Harassment/Assault

- Safety/Judgment
- Unprofessional conduct
- Other: _____

Other:

- Travel Problems
- Family Emergency
- Vehicle Accident

- Property/Equipment Damage
- Early Departure
- Near miss

- Theft
- Issue with Agency/Supervisor
- Other: _____

Program Activity:

- Carrying Equipment
- Tool Sharpening
- Moving Rock/Timber
- Using tool:
- Working on Tread/Drainage

- Working on Res. Facilities
- Hiking
- Canoeing/ Aquatic
- Driving/Vehicular
- Training program:

- Cooking/Kitchen/Dishes
- Education Service:
- Camping
- Swimming
- Other: _____

Contact Logistics

Name of Doctor/Hospital/Clinic:

Phone of Doctor/Hospital/Clinic:

Will this incident be filed as a workers compensation claim? If so, fill out separate form.

- Yes
- No
- Pending Review

Have parents been notified: Yes No If yes, by whom:

Was the patient evacuated from the field? Yes No

Is the member returning to the program? Yes No If no, why?

- Due to Illness/Injury
- Voluntarily
- Dismissed by Staff

Incident Report Completed by:



Performance Plan

For instructions, see the Field Guide. Additional pages may be attached.

Member Name: _____

Supervisor Name: _____

Meeting Date(s): _____

Reason(s) for Performance Plan

During the past _____ it has become increasingly evident to your _____ [team leader or supervisor] that you have not been performing your assigned work in accordance with what is expected of a[n] _____ [job title]. On _____ [dates], you were counseled about this unacceptable performance. To date, there has not been any significant improvement. SCA values you as member, and it is your leadership team’s intent to make you fully aware of this situation and to assist you in improving your work performance. However, it is important that you realize the responsibility to improve is yours alone.

You are being placed on a written improvement plan. For the next (circle one) _____ , **5, 10, 30, 60**, or **90** days, [date] _____ to date, [_____], your work will be closely monitored. You must demonstrate immediate improvement according to the plan below.

Plan

SMART Goals and Expectations: [Identify areas of improvement. If necessary, use a separate sheet and attach it to this document. Define specific performance objectives that need to be met. Objectives should be specific, measurable, achievable, relevant, and time oriented. Attach additional sheets as necessary]



Performance Plan

For instructions, see the Field Guide. Additional pages may be attached.

Monitoring the Plan: [supervisor] will review your progress on each of the above actions requiring improvement every _____ [day/week and time of review].

We also encourage you to take an active role in your progress so please reach out to [supervisor] as needed.

Improvement:

Improvement must occur immediately and must be maintained. If any portion of this Performance Plan is violated at any time during the specified timeframe, disciplinary action to include separation from the company may occur. A decrease in performance after successfully completing the improvement plan may result in dismissal from SCA without the issuance of another warning or improvement plan. As always, the Open-Door Policy is available for you to discuss any concerns.

Your signature acknowledges this discussion. It does not indicate agreement or disagreement with this plan.

Member Signature

Date

Supervisor's Signature

Date

Witness or HR Signature

Date

Comments:

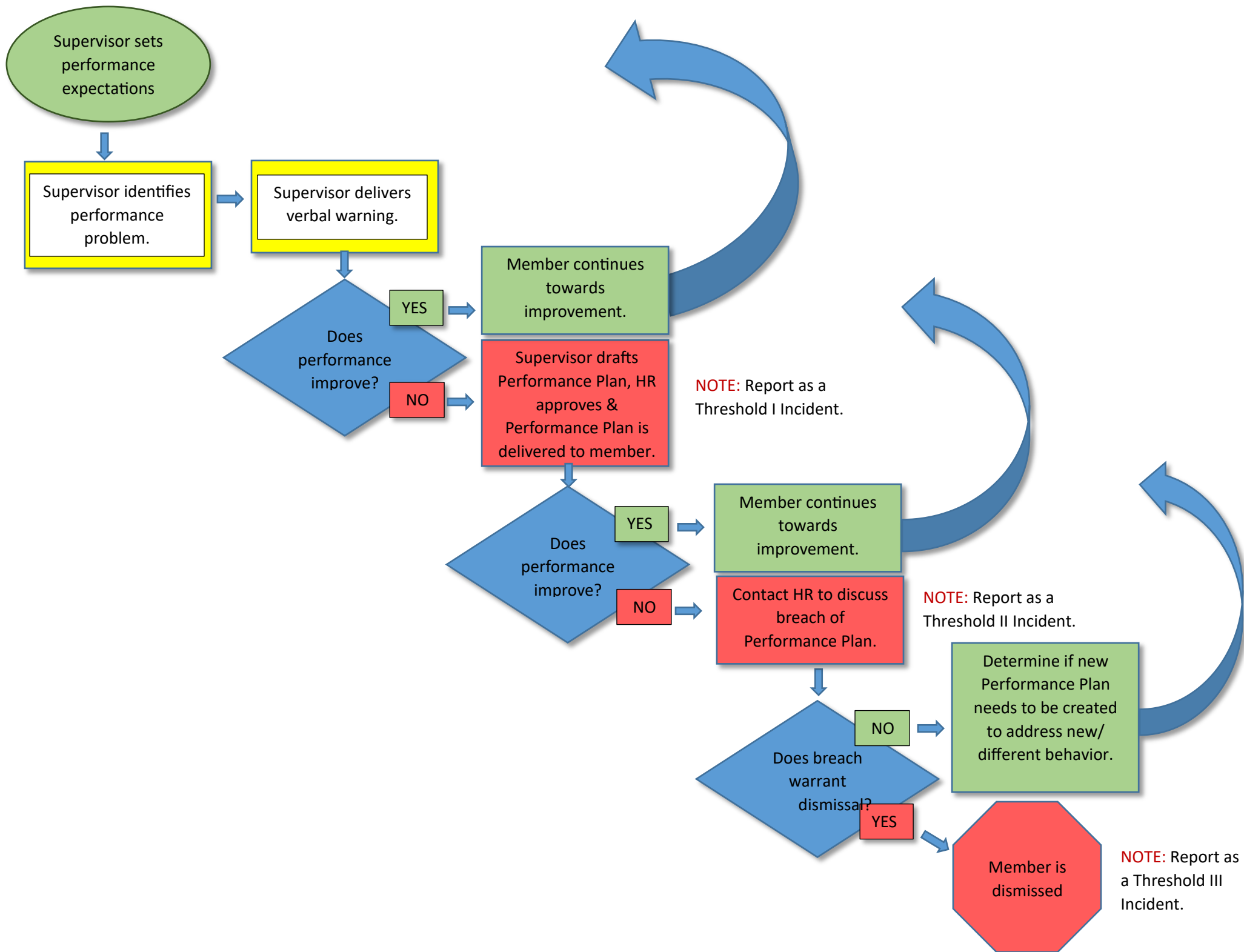
Follow-up

[] Performance Action Plan satisfactorily completed on: ____/____/____

[] Corrective Action Required (attach explanation and submit to HR @ bnelson@thesca.org)

Copy: Member

Original: Personnel File



Site Name: _____

Leader(s): _____

SCA Project Log

Complete one for each project:

Summary of Required Information

Date project began: _____

Date project completed: _____

Category of work: _____

Subcategory of work: _____

Reason for

Project: _____

Total Completed: _____ Units: _____

SCA Members & Leaders: _____

Daily Log

Date	Amount Complete
Subtotal	

Date	Amount Complete
Subtotal	

Instructions:

- Choose the category, subcategory, and conservation impact that best describe what you are doing and why.
- Note the required unit of measure for the category.
- Use the daily log (left) to record how much you completed during each day of project work. Be sure to use the correct measurement units.
- Make notes in the description.
- After the project is complete, add up how much you did and record on the "Total Completed" line above.
- Use this Project Log to enter your accomplishment directly into an Output Log in MySCA.

Description

Description of "Other" subcategories, location, materials used, species, #plants when required, etc.

Possible Categories & Subcategories

- For each project, choose ONE category & subcategory that fit what you did
- Then choose ONE conservation impact that best explains why you did it

Note: To be counted, total work accomplished in the category must be collected and reported using the required measurement units.

Building and Maintaining Structures <i>Unit: # structures</i> <ul style="list-style-type: none"><input type="checkbox"/> Compost bins<input type="checkbox"/> Culturally significant structures<input type="checkbox"/> Energy efficient improvements<input type="checkbox"/> Garden beds<input type="checkbox"/> Rain barrels<input type="checkbox"/> Visitor use structures<input type="checkbox"/> Other: _____	Education & Outreach to People <i>Unit: # people</i> <ul style="list-style-type: none"><input type="checkbox"/> Community events or tabling<input type="checkbox"/> Delivering environmental education curriculum<input type="checkbox"/> Disaster or emergency response<input type="checkbox"/> Giving interpretive programs or tours<input type="checkbox"/> Leading volunteers in service<input type="checkbox"/> Visitor center contacts or roving<input type="checkbox"/> Other: _____	Improving Trail <i>Unit of measurement: # feet</i> <ul style="list-style-type: none"><input type="checkbox"/> Blowdowns, brushing, or widening<input type="checkbox"/> Boardwalk or puncheon<input type="checkbox"/> Bridge construction<input type="checkbox"/> Building new trail<input type="checkbox"/> Building turnpike<input type="checkbox"/> Closing social trails<input type="checkbox"/> Installing steps or staircases<input type="checkbox"/> Installing structures<input type="checkbox"/> Signage or blazing<input type="checkbox"/> Other: _____
Certifications <i>Unit: # certifications</i> <ul style="list-style-type: none"><input type="checkbox"/> CPR<input type="checkbox"/> First Aid<input type="checkbox"/> Leave No Trace<input type="checkbox"/> Wilderness First Aid<input type="checkbox"/> Wilderness First Responder<input type="checkbox"/> Wildland Fire (Red Card) <input type="checkbox"/> Other: _____	Improving Land <i>Unit: # acres</i> <ul style="list-style-type: none"><input type="checkbox"/> Clearing vacant lots<input type="checkbox"/> Gardening<input type="checkbox"/> Installing/maintaining fencing<input type="checkbox"/> Prescribed burns<input type="checkbox"/> Removing invasive species <input type="checkbox"/><input type="checkbox"/> Removing natural debris<input type="checkbox"/> Trash clearing and removing structures<input type="checkbox"/> Other: _____	Learning and Exploration (Youth Only) <i>Unit: # activities</i> <ul style="list-style-type: none"><input type="checkbox"/> Environmental Education<input type="checkbox"/> Job Readiness<input type="checkbox"/> Outdoor Recreation
Collecting Data <i>Unit: # points or samples</i> <ul style="list-style-type: none"><input type="checkbox"/> Artifacts or cultural resources<input type="checkbox"/> Natural resources<input type="checkbox"/> Oral histories or interviews<input type="checkbox"/> Wildlife or fisheries<input type="checkbox"/> Other: _____	Improving Shore/Waterway <i>Unit: # feet</i> <ul style="list-style-type: none"><input type="checkbox"/> Installing or maintaining fencing<input type="checkbox"/> Planting vegetation (also report # plants in description)<input type="checkbox"/> Removing invasive species<input type="checkbox"/> Removing natural debris<input type="checkbox"/> Trash clearing and removing structures<input type="checkbox"/> Other: _____	Supporting Native Species Propagation <i>Unit: # plants or animals</i> <ul style="list-style-type: none"><input type="checkbox"/> Collecting seed/cuttings<input type="checkbox"/> Feed/care of animals<input type="checkbox"/> Planting trees<input type="checkbox"/> Planting vegetation (not trees)<input type="checkbox"/> Watering, mulching, or maintaining plants
Creating Reports & Products <i>Unit: # items</i> <ul style="list-style-type: none"><input type="checkbox"/> Article<input type="checkbox"/> Lesson/Activity<input type="checkbox"/> Map<input type="checkbox"/> Media content<input type="checkbox"/> Outreach material<input type="checkbox"/> Report<input type="checkbox"/> Other: _____		<div style="border: 2px dashed black; padding: 10px;">Conservation Impact Reason for Project (pick one)<ul style="list-style-type: none"><input type="checkbox"/> Habitat restoration<input type="checkbox"/> Coastal & marine restoration<input type="checkbox"/> Climate change & resiliency<input type="checkbox"/> Endangered & threatened species<input type="checkbox"/> Water conservation<input type="checkbox"/> Wildfire mitigation<input type="checkbox"/> Food systems<input type="checkbox"/> Cultural preservation<input type="checkbox"/> Historic preservation<input type="checkbox"/> Energy<input type="checkbox"/> Business sustainability<input type="checkbox"/> Recreation & visitor access<input type="checkbox"/> Building conservation awareness<input type="checkbox"/> Equal access to nature</div>



Name on Chase
Card:

Supply Expenses

Receipt #	Date	Vendor's Name & Brief Description	Transaction Type	
			Chase card	
Ex:1	12/13/2014	Tractor Supply		57.32
			Total (COMM USE ONLY)	
			Total (NATL USE ONLY)	



Wex Card: _____

Gas Expenses

Receipt #	Date	Vendor's Name & Brief Description	Transaction Type
Ex:1	12/13/2014	Maverik	Wex Card 48.99

Total (COMM USE ONLY)

Total (NATL USE ONLY)



Name on Chase
Card:

Food Expenses

Receipt #	Date	Vendor's Name & Brief Description	Transaction Type	
			Chase card	
Ex:1	12/13/2014	Grocery Store	224.21	

Total (COMM USE ONLY)	
Total (NATL USE ONLY)	



Name on
Chase
Card:

ATM Withdrawals and Cash Expenses

Receipt #	Date	Vendor's Name & Brief Description	Food or Supplies	Transaction Type		
				ATM Withdral	ATM fee	Cash Amt
Ex.1	12/13/2014	PNC Bank		300.00	3.00	
Ex.2	12/13/2014	Mom and Pop's Ice Cream Stand	Food			40.00
				Total (COMM USE ONLY)		
				Total (NATL USE ONLY)		

The Student Conservation
Association Street:
City, State, Zip:
Contact:

TIME SHEET



Position #: _____

Agreement #: _____

Name: _____

WEEK #: _____

DATE	DAY	START TIME	LUNCH OUT	LUNCH IN	ENDTIME	TOTAL HOURS	Intials
	Sunday						
	Monday						
	Tuesday						
	Wednesday						
	Thursday						
	Friday						
	Saturday						
Weekly Total:							

Signature: _____

Supervisor Signature: _____



SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

This sheet is for facilitating assessments in field locations only.
Please complete the official end-of-term assessment online in your MySCA portal.



STUDENT CONSERVATION ASSOCIATION

Member Reflection and Assessment – Youth Programs

Name: _____ Site: _____ Date: _____

Please use this assessment tool as an opportunity to reflect on the areas in which the member has grown over the course of the program that will help prepare them for success in the workplace. Use this opportunity to celebrate successes and to discuss areas for continued growth. All members should have the opportunity to review their completed assessment form with their leader(s).

For question 1, use the following as a guide: *Rarely* = about 20% of the time, *Occasionally* = about 40% of the time, *Sometimes* = about 60% of the time, *Often* = about 80% of the time, *Very often* = nearly 100% of the time

1) Over the course of participating in SCA programming, this member:	Not at All	Rarely	Occasionally	Sometimes	Often	Very often
Demonstrated interest in gaining new skills, knowledge, and/or experiences.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contributed to activities or tasks when working with others.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showed professionalism by being on time, dressing appropriately, and/or following policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worked independently after receiving instruction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accepted feedback and strives to improve.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Acted as a positive example for team members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrated initiative by taking on activities and tasks without being asked.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2) Please share 1 or 2 specific examples that describe the ways in which this member has demonstrated improvement in job readiness-related skills and abilities over the course of this SCA experience.

3) Do you recommend this member for another SCA position?

- Highly recommend
- Recommend
- Recommend with reservations
- Not recommended

4) Please share 1 or 2 specific examples or reasons that illustrate why you do or do not recommend this member for another SCA position.

THANK YOU FOR COMPLETING THIS ASSESSMENT!



LETTERS OF REFLECTION 2018 FIELD SEASON

Dear SCA Leader,

Thank you for your service as an SCA Leader. You have a tremendously positive effect on the land you love, the partners you work with, and the members you lead. This letter includes information and instructions on completing a valuable and required program activity, Letters of Reflection.

Letters of Reflection* are an important component of the member experience at the Student Conservation Association. These letters provide our members with the opportunity to reflect on their experience with SCA and thank the individuals and organizations that make these experiences possible. Our youth development research indicates that the opportunity to reflect on experiences is an important element in promoting the personal growth of our members.

Letters of Reflection benefit our members and our organization in a number of ways:

- Letters of Reflection allow members to reflect on their experience, promoting personal growth and greater self-awareness.
- Learning to write about experiences and express oneself via the written word is a valuable life-skill SCA seeks to support in its members.
- Letters of Reflection highlight the value of philanthropy and reinforce the importance of expressing gratitude.
- SCA shares the letters with our donors and partners, giving them a first-hand connection to our members in the field. These letters are very well received by donors and partners and help them to better understand the conservation and youth development impact of our work.

Letters of Reflection are a required component of the program. As a leader, it is your responsibility to ensure that each member completes a letter and returns it to you to be sent back to SCA. Please review the following instructions for completing and returning Letters of Reflection.

Please identify and schedule an appropriate time for your members to write their letters of reflection. While members are required to write an individual letter from their own perspective and using their own words, they can discuss and work on them together after you have given them guidance and context. It is best to take time towards the end of your project or hitch, preferably after a great day of work or a recreation/education day. Begin the activity by asking members to talk about their experience reflecting on things such as their favorite memories, skills they have learned, and how they feel they have grown or changed as a result of their experience.

This can be a powerful time for reflection, collaboration, and a discussion about their experiences and what it means to be grateful. This activity is also a good time to explain that as a non-profit organization, SCA relies on donors and partners to help fund its work. This is an opportunity for our young members to share their experience and thank donors and partners for helping to make

*** Previously known as sponsor letters and member acknowledgment letters.**

their SCA experience possible. To put it in perspective, remind members that the individuals who will be reading their letters are likely to be similar in age to their parents or grandparents.

Tips for writing a great letter:

- Make it personal by including specific examples of what they did and/or what they learned.
- Try to be positive, even finding humor in things that didn't always go as planned.
- Ask members to think of this like they are writing a letter to a parent or grandparent. Try to write legibly and without "text-like" abbreviations.
- For members that are creative or like to draw, they are welcome to include a drawing or poem—inspired by their experience—as part of the letter.
- Unless otherwise indicated, please direct members to address their letter to "Dear Friend of SCA"

Don't forget to review the letters and write down compelling quotes from them for your external report before you send them back to SCA!

The materials you will need are as follows:

- **Letter of Reflection Template** for your crew to write their acknowledgement letters. If you don't have the templates or enough copies, please use a blank piece of 8x11 copy paper.
- **Letters of Reflection Checklist** to ensure we can match the letter to the correct members.
- **Sample Letters of Reflection.** This will give the members an idea of what a well written letter looks like.

Please complete the Letters of Reflection checklist and include it with the letters when you return the materials to SCA.

Thank you again for your leadership and for supporting this important SCA effort!

Return Letters of Reflection with your Field Log.

- Completed letters of reflection from all members
- Completed letters of reflection checklist

Lined area for writing a reflection letter.



LETTER OF REFLECTION

