



Evaluation of Volunteer Medical First Response Coverage

St. John Ambulance is a national, voluntary agency. Our mission is to enable Canadians to improve their health, safety and quality of life by providing training and community service. We try to offer the most reliable medical first response coverage (first aid) at community events. Please take a moment to let us know how you feel about our coverage of your community event. (Attach sheet if more space is needed).

- 1) Were you able to contact St. John Ambulance to arrange for volunteer medical first response (MFR) coverage?
 Yes (if yes, please state below how) No
 Email Website Personally contacted Division Fax Phone
- 2) Did St. John Ambulance contact you in advance of your event to confirm the availability of a MFR Team?
 Yes No
Comments: _____
- 3) Did our MFR Team arrive at your event on time?
 Yes No
Comments: _____
- 4) In your opinion, did the MFR team present a professional appearance?
 Yes No
Comments: _____
- 5) In your opinion, did your event receive sufficient MFR coverage?
 Yes No
Comments: _____
- 6) In your opinion, was the coverage provided in a safe and responsible manner?
 Yes No
Comments: _____

- 7) Do you have any suggestions that might make our coverage better for your participants?
 Yes (if yes, please state below) No
 Comments: _____
- 8) Has the availability of our MFR coverage made a difference to your event?
 Yes (if yes, please explain how) No
 Comments: _____
- 9) Overall, how do you feel about our service?
 Excellent Good Indifferent Not satisfied (please explain why)
 Comments: _____
- 10) Is your organization required to have medical coverage at your event for insurance or other purposes?
 Yes No
 Comments: _____
- 11) Is there anything else you would like us to know?
 Yes No
 Comments: _____

Contact Information:

Name _____ Position: _____
 Event: _____ Event Location: _____
 Date of Event: _____ Phone Number: _____

Please return this form to:
 St. John Ambulance Provincial Office
 NL Council
 Attention Manager of Community Services
 112 Forest Road
 St. John's, NL A1C 5W4

**THANK YOU VERY MUCH.
 YOUR OPINIONS WILL HELP US BETTER SERVE OUR COMMUNITIES.**

PRIVACY STATEMENT

St. John Ambulance respects the information of its volunteers and event sponsors. This information you have provided will be used for post-event evaluation, outcome measures and repeat follow-up. We may contact you from time to time to update our records and/or ensure the accuracy of the Information. The personal information you provide will not be shared or disclosed without your prior written consent. Should you have any questions regarding St. John Ambulance's privacy policy, you may view our policy online at www.sja.ca or contact the Privacy Officer at St. John Ambulance Office.