



Request for Volunteer Medical First Response Coverage

(Please Print)
Name of Group/Organization:
Contact Person: Title:
Address:
City: Province: Postal Code:
E-mail Address:
Residence Phone #: Business Phone #:
Cell Phone #: Fax #:

Event

Name: Type:
Location:

Table with 6 columns: Event Date(s), Alternate Date(s) (Rain), Event Times (START, FINISH), Brigade Times (ARRIVAL, DEPARTURE)

Attach the following if available or applicable:
[] Proposed Route Map [] Tentative Site Layout [] Schedule [] Rain Out Plans

Are the following available on-site?
[] First Aid Room [] Clean Drinking Water [] Telephone [] Parking

Special Equipment requested:

Coverage is requested for: (Please give approximate numbers)
[] Participants [] Spectators [] Both Age Group:

If the event is longer than four (4) hours or at meal time(s), Is complementary food available for our volunteers?
Is food available on site? [] Yes [] No Please specify (i.e. coffee, lunch etc.)

Will your organization/group provide us with a donation? [] Yes [] No Will you require a charitable receipt? [] Yes [] No
Additional information/special comments:

Blank lines for additional information/special comments.

Signature Date:

Mail request to:

OR

FAX:

Attention:

Community Services Co-ordinator

For best service, please place your request early.

The minimum notice required is: 2 weeks (2 months for weekday or multi-day events)

FOR OFFICE USE ONLY

Date request received: _____

Assigned CSU: _____

Confirmed CSU(s) with: _____

Date: _____

Event Confirmed with: _____

Date: _____

Request Denied:

No personnel available Too many events already scheduled for this date Request received too late to fill Other

If "Other", please specify reason: _____

Evaluation of Coverage Form sent Yes No Date: _____

Request Form sent out for next time Yes No

Donation form sent out Yes No Date: _____ Donation received: Yes No Amount: _____