



St. John Ambulance Saint-Jean

SAVING LIVES SAUVER DES VIES
at work, home and play au travail, à la maison et dans les loisirs

REQUEST FOR ST. JOHN AMBULANCE FIRST AID COVERAGE

PLEASE BOOK EARLY - 4 WEEKS NOTICE PRIOR TO YOUR REQUEST DATE IS REQUESTED

Please complete all blank spaces or circle yes/no responses and review all bold typed font

Organization Requesting Coverage:

Contact Name:

Organization Mailing Address:

Business Phone #:

Business Fax #:

E-mail:

Day of Event contact Phone #:

EVENT (Please be advised that a St. John Ambulance mobile first aid post may not be available with our Medical First Responder Unit for your event.)

Event Name:

Type:

Location address:

Event Date:

Time Start

a.m. p.m.

Time Finish

a.m. p.m.

Volunteer Arrival

a.m. p.m.

Volunteer Departure

a.m. p.m.

Rain Date

Time Start

a.m. p.m.

Time Finish

a.m. p.m.

Volunteer Arrival

a.m. p.m.

Volunteer Departure

a.m. p.m.

ATTACH THE FOLLOWING IF APPLICABLE:

Proposed Route Map

Tentative Site Layout

Schedule

Rain-out plans

ARE THE FOLLOWING AVAILABLE ON SITE?

Protected First Aid Area []Yes []No

Clean Drinking Water []Yes []No

Parking []Yes []No

Special Equipment Requested (i.e. event radios, bikes, tent etc.)

Additional Information:

Participant Details

Age Group Involved:

of Participants:

of Spectators:

FOOD: If this event is longer than four (4) hours or at a meal time(s) is food available on site?

[] YES [] NO

Is complimentary food available to our volunteers?

[] YES [] NO

If yes, do they need to pick up food vouchers?

[] YES [] NO

DONATION: As a charitable organization, with service provided by volunteers, we rely on a donation to continue our services, refer to the donation chart on page 1

Is your organization able to provide us with a donation?

[] YES [] NO

Please indicate donation amount you plan to give.

\$

NOTE: It is the responsibility of the event organizer to notify St. John Ambulance of any site/location changes at least 3 days prior to the event taking place.

Signature:

Date:

Please e-mail completed form back to

or fax

We will contact you via email, no later than 2 weeks prior to your event to confirm our availability. Please write the Duty Request number that will be provided to you on the donation cheque. Cheques made payable to St. John Ambulance.

For Office Use Only

Date Received:

Duty Number:

