

EMS CADETS

Request for First Aid Standby

Name of Group/Organization: _____

Contact Person, Title: _____

Address: _____ City: _____

Postal Code: _____ E-Mail Address: _____

Phone #: _____ Fax #: _____ Cell #: _____

Onsite Contact Person: _____

Onsite Contact Phone: _____ Alternate #: _____

Event Name: _____

Type of Event: _____

Location: (Including Street Address) _____

Number of Volunteers Requested: (Minimum 2) _____

Are you requesting a Mobile First Aid Station? YES NO

EVENT DATES	EVENT TIMES		TIMES FOR COVERAGE	
	Start:		Vol. Arrive:	
	Finish:		Vol. Depart:	
	Start:		Vol. Arrive:	
	Finish:		Vol. Depart:	
	Start:		Vol. Arrive:	
	Finish:		Vol. Depart:	

Estimated # of Attendees: _____ Age Group: _____

What additional resources will be available on site?

Security: YES NO On Site Radios: YES NO Power: YES NO

Telephone: YES NO First Aid Area: YES NO

If available, please include the following with this application:

Event Site Map Route Map Activity Schedule Rain Out Plans

Is complementary food/beverages available for our volunteers? YES NO

We would like to donate to the EMS Cadets: \$0 \$250 \$500 \$1000 Other: \$_____

To provide organizers with notice of acceptance or a decline of coverage a deadline date for our volunteers to sign-up for this event will be determined by the Community Service Coordinator and relayed to you on receipt of application. It is important to note that we are a volunteer service, and cannot guarantee coverage; however we make every effort to facilitate coverage once accepted. Please confirm you have read the statement above:

Signature

Date