



St. John Ambulance

SAVING LIVES
at work, home and play

Edmonton Area Centre Community Services

12304 - 118 Ave. Edmonton, AB T5L 5G8

Trueman.Macdonald@stjohn.ab.ca

Telephone: (780) 452-6161 ext 1225 Facsimile: (780) 482-7884

Request for Volunteer First Aid Response Coverage

Name of Group / Organization: _____

Contact Person, Title: _____

Address: _____ **Postal Code:** _____

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

Email Address: _____

Event On-Site Contact Person (s): _____

Contact info: cell # _____

Event Name: _____

Type of Event: _____

Location (including street address): _____

Number of Volunteers Requested _____ A Minimum of 2 is required Maximum # _____

Are you requesting a Mobile Unit / Mobile First Aid Post? Yes No

Event Dates	Event Times	Requested Coverage Times
	Start: _____	Volunteers Arrive: _____
	Finish: _____	Volunteers Depart: _____
	Start: _____	Volunteers Arrive: _____
	Finish: _____	Volunteers Depart: _____
	Start: _____	Volunteers Arrive: _____
	Finish: _____	Volunteers Depart: _____

Event Details:

Estimated Number of Spectators / Participants _____ Age Group _____

Will the following be available on site:

Security Yes or No Radio Communication Yes or No Telephone Yes or No

Electricity or Power Supply Yes or No Private Treatment Room or First Aid Post Yes or No

If available, we request the following additional information to be included with this application.

Event Site Layout Map Proposed Route Map Activity Schedule Rain Out Plans

Please provided on site: Ice, & Bottled or Clean Drinking Water

Is complementary food/beverages available for our volunteers? _____

Will your organization provide St. John Ambulance with a donation? _____

Note: On St. John Ambulance Community Services receiving this application, your event is added to our Community Service Event Schedule at www.sja.ca for recruitment purposes. 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