



# St. John Ambulance

## Edmonton Area Centre

Community Services  
12304 - 118 Ave.  
Edmonton, AB T5L 5G8

Trueman.Macdonald@stjohn.ab.ca

Community Services Coordinator

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:	
	Start:		Volunteers Arrive:	
	Finish:		Volunteers Depart:	

**Event Details:** Age Group \_\_\_\_\_ # of Spectators: \_\_\_\_\_

# of Participants: \_\_\_\_\_ Estimated Attendance \_\_\_\_\_

Will the following be provided on site? Ice \_\_\_\_\_ Drinking Water \_\_\_\_\_ Telephone \_\_\_\_\_

Radio Communications \_\_\_\_\_ Private Treatment Room or First Aid Room \_\_\_\_\_

Parking for the volunteers \_\_\_\_\_ Security \_\_\_\_\_

**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

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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Office Use Only</b>	Event Reference Number :	
	Deadline Date Issued:	