



ST. JOHN AMBULANCE YORK REGION BRANCH

FAX: (905) 773-1046 PHONE: (905) 773-3394

E-MAIL: cscordinator@sjayorkcs.ca WEBSITE: www.sjayork.ca

REQUEST FOR ST. JOHN AMBULANCE FIRST AID COVERAGE

Please Complete all Blank Spaces and Bold or Circle Yes/No Responses

Organization:		Org. Website	
Contact:		Org. Address:	
City:	Province:		Postal Code:
Residential Phone:	Business Phone:		Business Fax:
E-mail:		Day of Event Phone:	

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

Name:							
Type:							
Location:							
Date:		Time Start		Time Finish		SJA Arrival	
						SJA Departure	

ATTACH THE FOLLOWING IF APPLICABLE:

Proposed Route Map		Tentative Site Layout		Schedule		Rain-out plans	
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ARE THE FOLLOWING AVAILABLE ON SITE?

Protected First Aid Area <input type="checkbox"/> Yes <input type="checkbox"/> No	Clean Drinking Water <input type="checkbox"/> Yes <input type="checkbox"/> No	Telephone <input type="checkbox"/> Yes <input type="checkbox"/> No	Parking <input type="checkbox"/> Yes <input type="checkbox"/> No
Special Equipment Requested (i.e. Radios, AED, etc.)			
Is this a regular event?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes:	Weekly: Monthly: Annually:

Additional Information:

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COVERAGE 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? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is complimentary food available to our volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, do they need to pick up food vouchers?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

We request a donation for this service: St. John Ambulance is a charitable organization with services provided by volunteers. The recommended donation for 2 first responders for an up to 8-hour day is \$500 (for additional equipment, personnel or vehicles a higher donation amount may be requested).

Is your organization able to provide us with a donation? (Please write the Duty Request number that will be provided to you on the donation cheque.)	<input type="checkbox"/> YES <input type="checkbox"/> NO	AMOUNT	Do you require an invoice prior to making a donation and/or a business receipt?	INVOICE	RECEIPT
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Please submit ONE duty request for each separate event requiring First Aid Coverage. If the event occurs on consecutive days, only one duty request is required.

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

Signature:		Date:	
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FOR OFFICE USE ONLY

Date Received:		Duty Number:	
		Division Assigned	
Donation Invoiced		Donation Received	
		Donation Received	

Please e-mail completed form back to cscordinator@sjayorkcs.ca or fax 905-773-1046