Note: You will need to open this document in Adobe Acrobat and have the form completed before submission. You can also email the completed document to klewis@webercountyutah.gov.

Weber-Morgan Medical Reserve Corps Event Support Request Form

If you are *non-profit* event organizer, the Weber-Morgan MRC has the training and volunteer spirit to assist you in your event. If you would like to have WMMRC support your event, please complete the form below and click on the *Submit* button. When possible, we need six to eight weeks advance notice. We will notify you if our volunteers are available for your event.

Event Contact Name * First	Last	
Phone Number *		
Organization Name *		
Event Description *		
Expected attendance at this event: *		
Event date and hours of coverage required: *		
Event Address *		
City*	State*	_ Zip Code*
Please check all that you will provide for the	WMMRC First Aid Stati	ons: *
☐ Flyer describing event		
☐ Site plan in advance		
☐ Event map with First Aid Stations marked		
☐ Complimentary parking		
Tents/Shade		
Tables		
Chairs		
Water		
☐ Food/Meals		
First Aid Supplies		
■ EMT or Ambulance on site (Mandatory for		•
provides basic medical support at first aid sta	ition, more serious meaica	u issues will be rejerrea to
EMS professionals.)	han aammyniaatian an aita	
☐ Emergency Medical Staff phone, radio or oth☐ Easy access for emergency vehicles on site	ner communication on site	
☐ Identification of First Aid/Emergency Medic	cal Stations	
☐ Identification of Phist And Emergency Medic		
☐ Plan in place for suspending or postponing e		
Other organizations working on site	vent if a scrious injury occ	urs
	44- l	- 11
Do the first aid stations at the event require volu training? Yes N_0	nteers to nave a certificatio	n ievei <i>beyona basic jirst ata</i>
Which of the following agencies have been notified	ed of the event?	
Local hospitals Local fire/EMS services		
Local Law enforcement		
Local Law Chiologhicht		

Date

Sign