

## 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 **First Aid Stations** at 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		
Event Contact Name * First   Phone Number *   En	nail *		
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 <i>you will provide</i> for the WMMR	C First Aid Station	IS: *	
□ Flyer describing event			
□ Site plan in advance			
Levent map with First Aid Stations marked			
Complimentary parking			
Tents/Shade			
☐ Tables			
☐ Chairs			
U Water			
General Food/Meals			
Generation First Aid Supplies			
EMT or Ambulance on site			
Emergency Medical Staff phone, radio or other con	nmunication on sit	e	
Easy access for emergency vehicles on site			
□ Identification of First Aid/Emergency Medical Stat	ions		
□ Identification of nearest hospital, distance from eve		s	
□ Plan in place for suspending or postponing event if	a serious injury oc	curs	
□ Other organizations working on site			
Which of the following agencies have been notified of	f the event?		
□ Local hospitals			
□ Local fire/EMS services			

 $\Box$  Local Law enforcement