



Request for First Aid Presentation by Medical Response Team Volunteers

Thank you for contacting St. John Ambulance, Mississauga Branch. Please find attached a request form for Medical First Response First Aid Presentation.

Please fill out as much information as possible and return to my attention. Include an E-mail address if available.

I will be in contact as your event date draws closer.

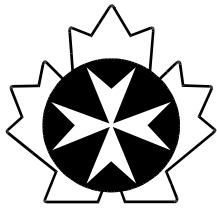
Please note that our volunteers are University students or adults with full time jobs. Weekday scheduling can be difficult, but we will make every effort to provide coverage.

Note: Acceptance of the Medical First Response. Request form does not guarantee presentation coverage – if possible, please make a contingency plan.

Please review the attached information also – if you have any questions, please contact me directly.

Thank you.

Volunteer Coordinator
St. John Ambulance – Mississauga Branch
Phone: (905) 568-1905
Fax: (905) 568-4838
mississauga@on.sja.ca



St. John Ambulance

Mississauga Branch
#110-110 Matheson Blvd. West
Mississauga, ON L5R 4G7

Ph: (905) 568-1905
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Email: mississauga@on.sja.ca

Request For First Aid Presentation by Medical Response Volunteers

Please Print

Name of Organization		
Contact Person	Address	
City	Province	Postal Code
Residence Phone #	Fax Phone #	Business Phone #
Event Name		
Type		
Location - main intersections please		
Date(s) - Please give alternatives: _____ _____	Time: MFR Arrival: _____ MFR Depart: _____	
Attach the following if available or applicable: <input type="checkbox"/> Site Layout <input type="checkbox"/> Schedule <input type="checkbox"/> Special topics to be covered		
Special equipment requested:		
Presentation is requested for: (Please give approximate numbers and age groups)		
Will your organization/group provide us with a donation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not known		Will you require a charitable receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No
Additional information or special comments:		
Signature:		Date: