

Weber-Morgan Medical Reserve Corps Support Request Form

If you are *non-profit* event organizer or partner of the Weber-Morgan Health Department, the Weber-Morgan MRC (WMMRC) has the training and volunteer spirit to assist your organization. If you would like the WMMRC to support a **First Aid Station or other role/duty**, please complete the form below and email to *klewis@webermorganhealth.gov*. When possible, we need six to eight weeks advance notice. We will notify you if our volunteers are available to support.

Point of Contact *First	_ *Last	
Phone Number* I Organization Name* I		
Event Description*		
Requested role(s)/duty(ies) for MRC volunteers*		
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 WMM	/IRC and/or First Aid	Stations:*
Flyer describing event		
□ Site plan in advance		
\Box Event map with First Aid Stations marked		
 Complimentary parking Tents/Shade 		
□ Tables		
□ Water		
General Food/Meals		
□ First Aid Supplies		
Signage for First Aid/Emergency Medical Statio	ons	
EMT or Ambulance on site		
Emergency Medical Staff phone, radio or other	communication on sit	e
Which of the following agencies have been notified \Box Local hospitals	d of the event?	

Local hospitals

 \Box Local fire/EMS services

□ Local Law enforcement