



Colchester Ground Search and Rescue Association

Request for Search and Rescue Coverage for Community Service

Please Print

Name of Group/Organization			
Contact Person		Address	
City	Province	Postal Code	
Residence Phone # ()	Business Phone # ()	Email	

EVENT

Name				
Type				
Service Requested: (Check all that apply)				
<input type="checkbox"/> First Aid (basic)		<input type="checkbox"/> Traffic control / parking lot attendants		
<input type="checkbox"/> Medical First Responders (oxygen equipped)		<input type="checkbox"/> Parade Marshalling		<input type="checkbox"/> Other _____
Location				
Date(s)	Alternate Date (rain)	Time Start:	Finish:	SAR Arrival: SAR Departs:
		Time Start:	Finish:	SAR Arrival: SAR Departs:
		Time Start:	Finish:	SAR Arrival: SAR Departs:
Attach the following if applicable:				
<input type="checkbox"/> Proposed Route Map		<input type="checkbox"/> Tentative Site Layout		<input type="checkbox"/> Schedule
<input type="checkbox"/> Rain Out Plans				
Are the following available on site?				
<input type="checkbox"/> First Aid Room (secure)		<input type="checkbox"/> Clean Drinking Water		<input type="checkbox"/> Telephone
<input type="checkbox"/> Parking (minimum 2 reserved spaces near First Aid Room /tent)				
Special Equipment Requested:				
Coverage is requested for: (Please give approximate or expected numbers)				
Age Group ____ to ____		<input type="checkbox"/> Participants ____		<input type="checkbox"/> Spectators ____
<input type="checkbox"/> Both ____				
If the event is longer than four (4) hours or at meal time(s), is food available on site?			Is complimentary food available for our volunteers? Please specify (i.e. coffee, lunch, etc.)	
Will your organization/group provide us with a donation? (suggested donation is \$15.00 per man/hour)			Will you require a charitable receipt?	
Additional Information / special comments:				