



## MRC Staff Support Request Form

<b>Name of Event:</b>		<b>Date Requested:</b>	
<b>Requested by (name):</b>		<b>Location:</b>	<b>Map Attached?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Event Date</b>	<b>Event Start Time</b>		<b>Event End Time</b>
<b>Event Coordinator Contact Information</b>			
<b>Name:</b>		<b>Role:</b>	
<b>Phone number 1:</b>		<b>Phone number 2:</b>	
<b>Email 1:</b>		<b>Email 2:</b>	
<b>Type of Event:</b> <i>Check box &amp; circle type</i>	<input type="checkbox"/> Community Event / Booth (CPR, recruitment, Stop the bleed, _____) <input type="checkbox"/> First Aid Station / Medical Support (stand-by ambulance? yes/no) <input type="checkbox"/> Education / Training Class ( Topic: _____ ) <input type="checkbox"/> Drill or Exercise ( Topic: _____ ) <input type="checkbox"/> Other _____		
<b>Brief description of event:</b>			
<b>Why support is needed:</b>			
<b>Special instructions?</b>			
<b>Office Use Only</b>			
<b>Request received by:</b>			<b>Date:</b>
<b>Approved by:</b>			<b>Date:</b>
<b># of Staff Requested</b>		<b>Type of equipment needed:</b>	
— MD/NP/PA                      — Pharmacists — RN / Medic/ LVN           — Mental Health — Dentists                        — EMT/MA/CAN — Other _____            — Non-Med			
<input type="checkbox"/> Sign-up Genius created <input type="checkbox"/> Shifts confirmed 48hrs in advance <input type="checkbox"/> Event logged on MRC site <input type="checkbox"/> Docs scanned and filed in F drive		<b>MRC competencies</b> <input type="checkbox"/> Strengthen PH <input type="checkbox"/> Developed Unit <input type="checkbox"/> Served Vulnerable Pop <input type="checkbox"/> Comm Prep <input type="checkbox"/> Comm Events <input type="checkbox"/> Train/Exercise	