FIRST AID STATION TEAM REQUEST & AGREEMENT

Must be submitted at least 30 days in advance of event for consideration)

The AMERICAN RED CROSS, Hawaii State Chapter, First Aid Station Team has been requested to provide first aid services for victims of injury and sudden illness at the _____. The First Aid Station Team is staffed with certified and authorized volunteers that will provide immediate and temporary first aid. We do this as a free service to the community with the help of Red Cross volunteers, but your kind contributions to the FAST team would help continue our community support. You may make your contribution check out to the American Red Cross and designate: FAST Team. Mahalo!

_____, shall agree to provide a suitable location for the First Aid Station Team and should have the following support services:

☐ Shelter* ☐ Table(s)* ☐ Chairs (4)* ☐ Ice* ☐ Water*

☐ Access for EMS* ☐ Plastic Trash Bags (2)* ☐ Security/Police ☐ Parking

*Minimum requirements. If you cannot provide any of these items, please let us know.

Organization _____

Address _____

Location of Event _____

Location of First Aid Station _____

Event Date(s) _____ **Hour(s)** _____**to** _____

Purpose of Event _____

Special Requirements _____

Expected Attendance _____

Each First Aid Station will have a Station Leader, Volunteer(s) and each hold current CPR/First Aid certifications by the American Red Cross. They will provide immediate and temporary first aid to victims of injury and sudden illness. All victims will fill out a treatment form as a record of CONSENT for TREATMENT to be kept with the American Red Cross, Hawaii State Chapter. The station will have first aid kit(s), a cot with a blanket, water, ice, exercise universal precautions and Red Cross forms.

The organization represented by the undersigned understands that the AMERICAN RED CROSS provides only immediate and temporary first aid care. More advanced care classified, as Emergency Medical Services (EMS) is not included. EMS must provide emergency transportation to the community's hospitals and clinics.

_____	Ruth Ann Kaleuati_____
Organization's Authorized Representative	Red Cross Authorized Representative
_____	FAST TEAM SCHEDULER 292-0492____
Title Phone #	Title Cell Phone #
_____	rch_fasteam_ruthann@hotmail.com
Date Fax #	Email Fax: 735-8626

____ The American Red Cross, Hawaii State Chapter FAST team **accepts** the opportunity to support your organization.

Date _____ Signature_____

____ The American Red Cross, Hawaii State Chapter FAST team **cannot accept** the opportunity to support your organization for the following reason: _____

8/18/2009

Date _____ Signature _____