

**American Red Cross – Hawaii State Chapter
Community Outreach Request Form**

Speaker's Bureau Community Fair/Booth

Date of Request: _____ Date/Day of Activity: _____ Time: _____

Name of Contact: _____ Phone: _____

Event Name & Company/Agency: _____

Agency Address: _____

Event Address (if different from above): _____

Expected # Attending: _____ Type of Audience: _____

What should we expect at this event: _____

The American Red Cross has been requested to present information and/or demonstration of the topic(s) checked below. The requesting organization understands to provide the Red Cross representative with support to allow the presentation to move comfortably during the event date. Thank you for your cooperation.

Coordinator for Requesting Agency (print name) _____ Phone: _____ Fax: _____
Email Address: _____

WILL THE RED CROSS BE ALLOWED TO SELL HEALTH AND SAFETY PRODUCTS (i.e., first aid kits) TO THE PUBLIC? YES NO **If yes, please let us know if there are limitations.**

Booth/Presentation Topic:

- Red Cross Overview (History, Services)
- Health and Safety (CPR, First Aid, etc.)
- Disaster Services, Disaster Preparedness
- International Services
- Armed Forces Emergency Services
- Volunteer Opportunities
- Water Safety
- Other: _____

Sponsoring Organization will provide:

(*required for Red Cross involvement)

- Booth: _____
- *Tables/s: _____
- *Chairs: _____
- Signs: _____
- Parking: _____
- Exhibitor's Passes, if needed: _____
- Other: _____
- Food: Meal _____ Snack _____
- TV/VCR: _____
- Electrical Outlets: _____
- Microphone/Speakers System

Activity is: Indoors Outdoors

Statistics: Total Attended Event: _____ Total Volunteers Attended: _____	Total Volunteer Hours Worked: _____ Total Expenses: \$ _____ Total Donated by Agency for services: \$ _____
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