American Red Cross

Cornhusker First Aid Team Request for Services

Thank you for considering the use of the American Red Cross First Aid Team at your upcoming event. Please keep in mind our team is comprised of volunteers willing to donate their time and we ask that they be treated with the same respect you would give to one of your own team members.

We require at least 60 days advance notice for all requests for services.

We ask that you renew your requests annually. We request that the American Red Cross be included in you print materials/programs as your event's Basic Emergency Medical Service provider. In the event of bad weather, we may cancel our involvement with your event for the safety of our volunteers. You will be notified. Once we have received the completed Request for Service form, we will contact you within 10 working days to let you know whether or not we will be able to add your event to our calendar. Please feel free to contact me if you have additional questions.

Respectfully, Henry Shultz & Patty Morgan American Red Cross FAST Leadership Volunteers (402) 730-9627

| General Information Name of business/organ | ization: |
|--|--|
| Specifically, what is this event (Parade, conce | rt, fair, etc)? |
| Expected Attendance: Cor | ntact name requesting services: |
| Address | |
| CityState | Zip: |
| Phone#:Cell Phone#: | |
| Email: Day of event contact: | Phone#: 2 |
| Date(s) of Event: | |
| Location (Please provide exact address): | |
| will the team park? | ment, parking near the event site must be available. Where |
| EVENT START TIME: | EVENT END TIME |
| RED CROSS ARRIVAL TIME: (Please allow at l RED CROSS DEPARTURE: | east an hour before doors open) |
| | Station: |
| | Will Lincoln Fire and Rescue? |

Will we have immediate access to the following: (please check all that apply)

- **G** Restroom facilities
- Electricity
- **Q** Running water
- □ Sink
- □ Telephone /radio contact with venue management/911
- □ Air conditioned / heated room or patient care
- Secured room for storage of equipment if this is a multi-day event.
- □ Tent if event is outdoors
- □ Seating for First Aid Services Team Members
- □ Table(s)
- □ Ice
- Meals provided for our volunteers
- Discount meals provided for our volunteers

Additional information you would like us to know before your event: ______

American Red Cross First Aid Services Team will provide basic emergency medical services in accordance with our state license. American Red Cross First Aid Services Team will make every effort to have a minimum of 2 team members at your event. If, due to the nature of volunteerism, we are not able to meet this minimum, we will notify you within 24 hours of the event. American Red Cross First Aid Services Team will come fully equipped with medical supplies. What the American Red Cross will not provide: American Red Cross First Aid Services Team will not transport patients. If it is determined that a patient requires transportation or requires a higher level of care, we will contact 911 to request this service. If law enforcement or an advanced life support agency is already at your event, we will communicate with them directly. The Red Cross does not charge patients for their services at these events. If law enforcement or an advanced life support or hospitals should service be needed. In accordance with Health Insurance Portability and Accountability Act (HIPA) the American Red Cross First Aid Services Team will not disclose patient care information.

Your responsibilities: Include American Red Cross in your print materials/programs. Ensure that Team Members receive respect and cooperation from your event staff. Team Members donate their time and appreciate any access to food and beverages during long duration events. If you want advanced emergency medical services to staff your event, you will need to contact the necessary agencies to arrange for this coverage. Provide a safe location for volunteers to work.

If you agree to these expectations and have provided all requested information, please sign below and mail to: Henry Schultz 4600 Valley Road, Suite 300 Lincoln, NE 68510 or henry.schultz51@gmail.com Phone (402) 730-9627

| Print name of venue contact | | |
|-----------------------------|--|--|
| | | |
| | | |

Signature _____ Date _____

Thank you for considering American Red Cross services at your event.