



MRC Staff Support Request Form

Name of Event:		Date Requested:	
Requested by (name):		Location:	Map Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No
Event Date	Event Start Time	Event End Time	
Event Coordinator Contact Information			
Name:		Role:	
Phone number 1:		Phone number 2:	
Email 1:		Email 2:	
Type of Event: <i>Check box & 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 _____		
	Brief description of event:		
Why support is needed:			
Special instructions?			
Office Use Only			
Request received by:		Date:	
Approved by:		Date:	
# of Staff Requested — MD/NP/PA — Pharmacists — RN / Medic/ LVN — Mental Health — Dentists — EMT/MA/CAN — Other — Non-Med _____		Type of equipment needed:	
<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		MRC competencies <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	



Contra Costa County Medical Reserve Corps

