



Special Events / Community Program
Stand-by Request Form

Date of Request: _____ Date of Event: _____

Name of Event: _____

Location or Address of Event: _____

Contact Person: _____ Phone Number: _____

Requested Arrival Time: _____ Estimated End Time: _____

Approximate Number of Participants: _____ Age Group of Participants: _____

Requested Level of Service:

- Full Crew/Committed:** This is a fully staffed ambulance (2 crew members) that is dedicated to your event from the time the event starts to the time that it is over.

- Alternate Post:** We will be stationed at your event during the time requested, however, this unit can be available to take 911 calls if needed. Therefore, we cannot guarantee a crew will be present at your event. If our unit has to leave, we will try and re-assign a unit to your event.

Comments / Special Instructions:

Who is Sponsoring this Event: _____

Please drop off the complete form to our office located at 2730 12th Street SW, Cedar Rapids, IA 52404 or email completed form to csels@area-ambulance.org. If you have any questions please feel free to contact us at 319.366.2300.