



FORT WILLIAM FIRST NATION FIRST RESPONSE TEAM

" SAVING & EMPOWERING LIVES IN OUR COMMUNITY. "

90 Anemki Drive-Suite 200
Fort William First Nation, ON
P7J 1L3
Ph: 1(807)631-3117

DUTY REQUEST FORM

Organization Information

Organization Name	
Organization Address	Organization Mailing Address (If Different)
Address:	Address:
City / Town:	City / Town:
Province:	Province:
Postal Code:	Postal Code:
Organization Contact Information	
Name	Phone Number
	Main Phone: Cell Phone: Business Phone:

Event Contact Information

Event On-Site Contact Information	
Name	Phone Number
	Main Phone: Cell Phone: Business Phone:



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DUTY REQUEST FORM

Event Information

Event Information	
Event Name	Event Location Type
Event Description	
Event Address	Estimated Amount Of Event Attendees
Address:	Number Of Spectators:
City / Town:	Number Of Participants:
Province:	
Postal Code:	
On-Site Details	
<input type="checkbox"/> First Aid Room or Station (Tent, Table, Chairs, Ect.);	
<input type="checkbox"/> Complimentary Food / Drinks;	
<input type="checkbox"/> On-Site Parking;	
<input type="checkbox"/> On-Site Washrooms;	
<input type="checkbox"/> On-Site Defibrillator;	
<input type="checkbox"/> On-Site Medical Gear (First Aid Kit);	
Other On-Site Details Can Be Included Here:	



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DUTY REQUEST FORM

Event Schedule

Day 1 Schedule		
Arrival Time	Start Time	Event End Time

Day 2 Schedule		
Arrival Time	Start Time	Event End Time

Day 3 Schedule		
Arrival Time	Start Time	Event End Time

Day 4 Schedule		
Arrival Time	Start Time	Event End Time

Day 5 Schedule		
Arrival Time	Start Time	Event End Time

Day 6 Schedule		
Arrival Time	Start Time	Event End Time

Day 7 Schedule		
Arrival Time	Start Time	Event End Time



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Medical Coverage Requests are accepted on a per availability basis. Medical Coverage Requests are reviewed after being submitted to arranged the required personnel, apparatus and vehicles to cover the duty. The review will determine the required amount of personnel needed to attend and fulfill the request.

If after the review of the request we determine that the request cannot be accepted or fulfilled, the individual stated in the Organization Contact section of the form will be contacted and notified about the issue. Depending on the event type, size and the amount of event attendees, the response and required services from the team will vary heavily.

If you have any questions about Medical Coverage for your event or you are confused about anything on the application, please contact us at [807-631-3117](tel:807-631-3117) or by visiting our website for additional contacts at fwfnfirresponse.com.

Once this Duty Request Form is completed, please submit the completed form to the email duty@fwfnfirresponse.com. Please allow from 2 – 3b business days for the team to process the request and review if the request can be accepted. You will be contacted with the information provided in the Organization Contact section of the form.



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DUTY REQUEST FORM

BELOW IS FOR OFFICE USE ONLY!

Duty Request Received	Duty Request Accepted / Denied
Duty Run Number	
Gear Required	
<input type="checkbox"/> Trauma Bag; <input type="checkbox"/> Oxygen Bag; <input type="checkbox"/> AED; <input type="checkbox"/> Table, Chairs, Tent; <input type="checkbox"/> Water Or Food;	
Planning Details:	