



## Community Standby Request For Special Events Request

Revised 5/14/2025

*Standby Requests should be submitted no later than **ONE MONTH** before the event for which they are being requested. **Events within EmergencyCare's primary response area will be given priority over events not in our primary response area.** Approval of Standby Requests will be based on the event's location within EmergencyCare's service area and the available personnel.*

*Please complete the information on this form and submit it via email to [standbyrequest@emergycare.org](mailto:standbyrequest@emergycare.org) at least **ONE MONTH** before the requested standby date.*

### NEW RATES EFFECTIVE ON JULY 1, 2025

#### **Non-Dedicated Units - No Fee**

Non-Dedicated Units include an entire crew in an ambulance. The crew may be called away in an emergency, but will try to return if possible.

#### **Dedicated Crews are available at a variety of levels.**

##### **EMT/no transport -\$75 per hour**

1 EMS to provide immediate intervention. EMT will not transport.

##### **Paramedic/no transport-\$90 per hour**

1 Paramedic to provide immediate intervention. The paramedic will not transport.

##### **Basic Life Support Crew-\$110 per hour**

EMTs and the vehicle will remain on-site during the event and transport if needed.

##### **Advanced Life Support Crew- \$145 per hour**

A crew with at least one paramedic and the vehicle will remain on-site during the event and transport if needed.



Name of Event: \_\_\_\_\_

Event Location \_\_\_\_\_

Address: \_\_\_\_\_

Date of Event: \_\_\_\_\_

mm/dd/yyyy \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

Type of Standby \_\_\_\_\_

Non-Dedicated

Requested: \_\_\_\_\_

EMT No Transport

Paramedic No Transport

BLS (EMT) Crew and Vehicle

ALS ( Paramedic) Crew and Vehicle

Please provide Parking Information/Special Requests/Additional Notes in the space below:

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If this request pertains to a sports event that spans an entire season or an event taking place over multiple consecutive days at the same location with the same contact information, please use the space below to specify the additional dates, start times, and end times.

Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
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Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____
Date:	_____	Start Time:	_____	End Time:	_____



**Please provide the name and contact information of the person completing this form. If you are also responsible for the bill, please provide the billing address. If you are not responsible for the bill, please leave the billing address blank.**

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Billing City, State, and Zip \_\_\_\_\_

**Name and contact information for the person during the event**

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

**Name and contact information for the person responsible for the bill if different than the contact person:**

Name: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Billing City, State, and Zip \_\_\_\_\_

All invoices will be sent via email. If you need your invoice mailed, please indicate below.

Do you need a hard copy of this invoice mailed to you? \_\_\_\_\_ Yes, I need a hard copy.

**Download and save a copy of this form. The file name should include your Event or Organization's name.**

Send the completed form as an attachment to [standbyrequest@emergycare.org](mailto:standbyrequest@emergycare.org)