

Unit Qualifying Service Summary

St. John Ambulance - Brigade
For the Year Ending _____

COUNCIL:
Unit:

Member Name	ID #	Status	Auxiliary Hours	Patient Care Hours	Community Care Hours (eg Thpy Dog)	Youth Hours	Course Information Type	Qualifying Years	Y/N
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Unit Totals:

Total # of Members:
Total # of Members with Qualifying Service:
Total Patient Care Hours:
Total Auxiliary Hours:
Total Community Care Hours (eg. Therapy Dog):
Total Youth Hours:
Total of All Volunteer Hours:

Annex F
to StJCI 2-8-1