Unit Annual Report

St. John Ambulance Community Services

For The Year Ending 31/12/2003

St. John Council for Ontario

Unit: _____

Total Active Members as of 31/12/2003: _____

Total Volunteer Hours completed by the Unit in 2003: _____ **Total patients treated (*if applicable*) in 2003:** _____

Member Name *(last name, first name)*	National ID#	Member Type	Patient Care Hours	Therapy Dog Hours	Youth Hours	Admin./Training Hours	Auxiliary Hours	Course Type	Qualifying Service	Comments

Member Type:

Adult Patient Care = APC
Auxiliary = AUX
Adult Therapy Dog = TDG
Youth = Y
Community Services Leader = ADM

Course Type:

Standard First Aid = SFA
Emergency First Aid = EFA
BTS 1 = BTS1
CPR Level C = CPR
BTS 2 = BTS2
Medical First Responder (40 hour) = MFR

Signature of Unit Leader: _____

Date: _____