

St. John Ambulance, Council for Ontario
Application for Volunteer MFR Instructors – to support Community Services

Last Name First Name

St. John Reference/ID number
(if known)

Address _____

City _____ Prov _____ Postal Code _____

Email

Phone (____) ____ - _____ home
(____) ____ - _____ work
(____) ____ - _____ cellular

- Current certifications
- ICP (Instructor Certification Program)
Expiry _____
 - MFR Instructor
 - AED Instructor
Expiry _____

 - MFR (Medical First Responder – student cert)
 - MFR level (24 hour program)
 - AMFR level I (40 hour program)
 - other advanced training (please specify)

 - AED provider certification

St. John Ambulance Community Services affiliation
(please specify unit name or number)

Signature of branch manager _____

Availability (please indicate preference) Weekdays
Evenings
Weekends

Comments _____

Please return to Manager of Training, Council for Ontario fax (416) 923 4856