

COMMUNITY ORGANIZATION VACCINATION POP-UP EVENT REQUEST FORM

Organization Name: _____

Address: _____

Event Contact Person 1

Name: _____

Email: _____ Phone Number: _____

Event Contact Person 2

Name: _____

Email: _____ Phone Number: _____

Please describe in 1-2 sentences the services that your organization provides and to whom:

Please describe in 1-2 sentences why the population to be vaccinated is not well-served by an existing vaccination site:

Approximately how many people do you anticipate will be vaccinated at this event?

(May be an estimate, e.g., 50-75 or around 200) _____

Would you describe the population to be vaccinated as transient or hard to contact? Yes No

Put an "X" next to all day/time options that work for your organization. **Please indicate at least one acceptable weekday time.**

Monday mornings

Monday afternoons

Tuesday mornings

Tuesday afternoons

Wednesday mornings

Wednesday afternoons

Thursday mornings

Thursday afternoons

Friday mornings

Friday afternoons

Saturday mornings

Saturday afternoons

Sunday mornings

Sunday afternoons

Describe any additional constraints on days/times if not adequately captured above:

In your largest communal space, about how many people can sit while socially distanced? _____

Is your facility ADA compliant? Yes No

Does your facility have Wi-Fi? Yes No

How many parking spaces does your facility have? (Note: You may ignore this question if you are a residential facility that does not require participants to drive to the site) _____

Please save this form and email it to: **dphcovidvaccine@stlouisco.com**.

To keep up with the local response, vaccination and testing appointments visit **stlcorona.com** or call **314-615-2660**.

Last Modified: May 4, 2021 5:54 PM