



THREE RIVERS

MEDICAL RESERVE CORPS

Serving the Middle Peninsula & Northern Neck

Essex, Gloucester, King & Queen, King William, Lancaster, Mathews, Middlesex, Northumberland, Richmond, and Westmoreland Counties

Registration Form

Full Name:	DOB:	Educ:
Mailing Address:		
Email:	Home Phone:	Cell:
Work:	Fax:	Pager:

Emergency Contact Name:	
Emergency Contact Phone Number:	Relationship:
I was referred by:	
Availability for MRC Training: ____ A.M. ____ P.M. ____ Evening ____ Weekend	

Current Job Status (Circle) : Full-time -- Part-time – Retired – Student -- Unemployed
Name of Employer:
Primary Occupation:
Specialty Area:
Health Care Certification/License Type: _____ Number: _____

	YES	NO
If you are under age 18, do you have parental permission to join MRC?		
Are you affiliated with any other response/volunteer organization?		
Name: _____		
Do you have access to a computer?		
Do you agree to allow the Three Rivers MRC to use any MRC related photographs for public relations and recruitment purposes?		
Are you willing to volunteer nationally?		
Are you willing to volunteer statewide?		

Signature: _____ Date: _____

Additional information about interests & experiences to assist with MRC assignments: _____

Completion of the application does not imply in any way that the applicant has been approved for admittance in the Three Rivers Medical Reserve Corps. Each applicant must receive final approval from the Three Rivers MRC Volunteer Coordinator. The Virginia Dept. of Health respects your privacy and will only use your personal information as it directly relates to the Three Rivers Medical Reserve Corps.

Form can be returned by **FAX (804) 758-4828** or by mail to Three Rivers Medical Reserves Corps, PO Box 415 Saluda, VA 23149. You may also register on-line @ <http://www.vdh.virginia.gov/mrc/>. Thank you!

Volunteers Building Strong, Healthy, and Prepared Communities