



REGISTRATION FORM

Elkhart County Medical Reserve Corps (ECMRC)

Please fill out and return to ECMRC, c/o Elkhart County Health Department, 608 Oakland Ave, Elkhart, IN 46516. If you Have any questions, please call 574-523-2283

Name:				Date:	_ / _ / _
Address:					
Phone:		Home:	Office:	Cell:	
Fax:					
Email:					
Current Speciality (Medical or other):					
License (check one):	___ Active		___ Inactive		
May we contact you in times of emergency?	___ Yes		___ No		
May we contact you to assist with community projects?	___ Yes		___ No		
Would you be willing to volunteer a minimum total of eight hours over the next 12 months?	___ Yes		___ No		
Would you be willing to participate in exercises and/or training for emergency preparedness?	___ Yes		___ No		
What special skills do you have? Circle those that apply and provide further information in the "Comments" section.	Pediatrics	Counseling	Purchasing/acquisition		
	Eye screening	Mental health	Pharmacy		
	Vital signs	First aid	Clerical		
	Immunizations	CPR	Social work		
	Physical exams	Emergency response	Foreign languages		
	Dental exams	Triage	Other		

Comments: