



VOLUNTEER REGISTRATION FORM

Thank you for your interest in becoming a Logan County Citizen Corps volunteer. As a volunteer, you will be involved in citizen participation in homeland security related efforts.

Name: _____
First Middle Initial Last

Address: _____

City, State & Zip: _____

County: _____ Daytime Phone: _____ Evening Phone: _____

Fax: _____ *Best time to call _____

E-mail: _____

Date of Birth: _____

Gender: Male Female

Are you a veteran? Yes No

Medical Profession: _____ Specialty: _____

License Number: _____ License Expiration Date: _____

Emergency Contact Name: _____ Emergency Contact Number: _____

Emergency Contact Relationship: _____

I understand that by voluntarily providing my information to the Logan County Citizen Corps and the Logan County Medical Reserve Corps. I am indicating a willingness to volunteer during a governmentally declared emergency that requires assistance from the medical community. Registering with the Logan County Citizen Corps and the Logan County Medical Reserve Corps is not a substitute for the appropriate professional license to practice in Ohio. I understand that it is my responsibility to properly maintain my professional license in good standing and that an Ohio license in good standing and participating in any required training or education is a prerequisite to volunteering. I hereby certify and affirm all the information I have provided is true and accurate to the best of my knowledge. I also acknowledge that the Logan County Citizen Corps and the Logan County Medical Reserve Corps may verify the information I have provided as a part of the volunteering process.

Signature _____ Date _____

Return this form to: Logan County MRC Manager
LoganCounty.cc.MRC@gmail.com

or

Logan County Medical Reserve Corps
1855 State Route 47 West
Bellefontaine, OH 43311

For additional information, please call 937-593-5743

Personal contact information is for the exclusive use of the Logan County Citizen Corps.