



## VOLUNTEER REGISTRATION FORM

Thank you for your interest in becoming a Logan County Citizen Corps/Medical Reserve 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:  
Lesley Rowan  
Logan County Medical Reserve Corps  
310 S. Main St.  
Bellefontaine, OH 43311

For additional information, please visit [www.medicalreservecorps.gov](http://www.medicalreservecorps.gov) or call 937.592.9040 or 937.593.5743.  
*Personal contact information is for the exclusive use of the Logan County Citizen Corps.*