

Eastern Highlands Health District MEDICAL RESERVE CORPS REGISTRATION FORM

Email or fax completed form to John H. Degnan, the Medical Reserve Corps

Director at

john.degnan@ehhd.org

Name: _____

Mailing Address: _____

Home Phone: _____

Email: _____

MRC Unit: _____ CERT Unit: _____

Organization: _____

Position: _____

Medical Professional

Non – Medical Volunteer

Medical Specialty: _____

I would like to join Medical Reserve Corp (MRC):

X

For more information about the MRC, contact John H. Degnan at 860-429-3378 or
at john.degnan@ehhd.org