



# Eastern Highlands Health District MEDICAL RESERVE CORPS REGISTRATION FORM



Email or fax completed form to Derek May, the Medical Reserve Corps Director at [maydn@ehhd.org](mailto:maydn@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 Corps (MRC):

X  
\_\_\_\_\_

For more information about the MRC, contact Derek May at 860-429-3325 or at [maydn@ehhd.org](mailto:maydn@ehhd.org)