

**STARK COUNTY HEALTH DEPARTMENT
MEDICAL RESERVE CORPS VOLUNTEER INFORMATION SHEET**

Send completed form to 3951 Convenience Circle NW Canton, Ohio 44718
or fax to 330-493-9920 Attn: Tim Gabrelcik

Personal Contact Information

I would like to become an MRC volunteer.
 I would like to update my information as an MRC volunteer.

Dr. Mrs. Mr. Ms. Rev. (Circle one)

Last Name _____ First Name _____ MI _____

Maiden Name/Other Names Used: _____ OH Driver's License # _____

Home Address: Street _____ Apt. # _____

County _____ City _____ State _____ Zip Code _____

Home Phone # () _____ Cell Phone # () _____ Home Fax # _____

E-mail Address _____ Personal Pager # () _____

Amateur Radio Callsign _____ License Class _____

Have you ever been convicted of a felony? Y N A misdemeanor?(other than traffic violations) Y N
If yes please explain:

In case an emergency happens *to me* please contact:

Name _____ Relationship _____

Daytime phone number _____ Evening phone number _____

Volunteer Interest Area

Do you have any personal health issues that would impact your ability to volunteer? Yes No
(For example, allergies, medication issues, disabilities, special needs, or being treated for a medical condition.)
If yes, please explain or list here:

Work Contact Information

Occupation _____ (check) Full Time Part Time Retired Student

Employer _____ Address _____

General Phone Number () _____ Your extension _____ Fax # _____

May we contact you at work in the event of an emergency? Yes No

In the event volunteers are called to respond to an emergency: Please list additional person(s) who may be used to contact you if we are unable to reach you using the information provided above (**on the reverse side**).

