FRANKLIN COUNTY & COLUMBUS
medical reserve corps

Volunteer Sign-Up

Franklin County & Columbus Medical Reserve Corps c/o the Franklin County Board of Health • 280 E. Broad Street • Columbus, OH 43215
Phone: 614-462-3160 • Fax: 614-719-8890

Please Print or Type

Name *(as on professional license, if applicable)*		
Address		
City	**State**	**Zip**
Home Phone	**Work Phone**	**Cell Phone**
Email	**Employer**	**School District**

Volunteer Type

- ☐ Doctor
- ☐ Nurse
- ☐ Pharmacist
- ☐ Dentist
- ☐ Other _____
- ☐ Non Medical

Requested Means of Communication

- ☐ Email to above *(preferred method)*
- ☐ Mail to above address
- ☐ Mail to _____
  _____

For All Medical Professionals: Please Indicate License Number or Certificate/Registration Number	**State(s) of Licensure**	**Degree(s)**
Other Special Training	**Other Language(s) Spoken**	
Have You Signed Up With Another Medical Reserve Corps? If Yes, Which One?		

Emergency Contact Information

Name	**Relationship**
Phone	**Alternate Phone**

Signature

By signing this volunteer form, I consent to the Franklin County and Columbus MRC inputting my information into Ohio Medical Reserve Corps and local MRC databases.

If you have any questions or would like more information, call Mitzi Kline at the Franklin County Board of Health at (614) 462-3028 or email mrkline@franklincountyohio.gov.