



Rensselaer County
Medical Reserve Corps
Volunteer Registration



Name: _____

Address: Last _____ First _____ Middle _____
 City: _____ Zip: _____

Email: _____ Ph: H (____) _____ W (____) _____ Cell _____

Emergency Contact: _____ Phone (day): _____ (eve): _____

Licenses (Professionals with a current license or certification in any Health or Mental Health field)

List all Professional Licenses	State Issued & Number	Expiration Date

Do you have prescriptive authority? Yes No

Current Certifications: BLS: y/n ACLS: y/n CPR: y/n Other: _____

Current Employer: _____ Position: _____

Areas of Nursing/Medicine in which you have experience and training:

Please list any areas of special interests or skills you may have:

Are you part of an emergency/disaster plan with any other organization? (Such as the Red Cross, etc.)
 Yes No If yes, please list _____

Do you have any personal health issues that would impact your ability to volunteer, such as
 heart condition, physical impairment, asthma, allergies etc? Yes No
 If yes, please specify: _____

Have you ever been convicted of a felony? Yes No

I hereby certify that all statements contained on this application are true to the best of my knowledge.
 Signature _____ Date _____

Return to:
 Sal Scicchitano—MRC Coordinator
 1600 7th Avenue
 Troy NY 12180
 Ssicchitano@renesco.com
 (518) 270-2633