RESET FORM

Minnesota Responds medical reserve corps

Registration Form

Form No.

Identity Information

First Name:	Middle Name:	Last Name:
Date of Birth:		Gender: M F
Permanent Residence:		
City:		County:
State:		Zip:
Driver's License Number:		Issuing State:

Unit Affiliation(s)

Your information will automatically be sent to the local health volunteer program in the county in which you reside. In addition, you may request membership in one of the following if you meet the program requirements:

Minnesota Veterinary Reserve Corps	I am a member	I would like to join
Disaster Mortuary Emergency Response Team (D-MERT)	I am a member	I would like to join
Disaster Medical Assistance Team (DMAT)	I am a member	I would like to join
University of Minnesota MRC Program	I am a member	I would like to join

Contact Information

Primary E-Mail Address:

Primary Contact Method: Work Phone, Home Phone, Mobile Phone, Pager, Fax, SMS/Text Message

Pager Carrier: Pager Type:

Primary Contact Number: ( ) Extension:

Emergency Contact:

Relationship: Parent, Spouse, Sibling, Child, Co-Worker, Friend

Emergency Contact Number: ( ) Extension:

Occupation Information

Primary Occupation Type: Medical, Non-Medical, Behavioral, Public Health, Veterinarian

Primary Occupation:

Professional Status for Occupation:

- Licensed/Certified and Active
- Licensed/Certified and Active Part-Time
- Licensed/Certified and Inactive Less Than 5 Years
- Licensed/Certified and Inactive More Than 5 Years
- Non-Licensed and Active
- Non-Licensed and Retired
- Non-Licensed and Student

Occupation Information *continued*

Occupational Affiliation: ○ Clinic ○ Hospital ○ Government ○ University of Minnesota ○ Other

Company Name:

City: State:

License / Certification Information

Is the name on the license the same as the name provided on this form? ○ Yes ○ No

License Number:

Issuing State or Jurisdiction:

Expiration Date:

Is license in good standing? ○ Yes ○ No

Are there any adverse actions or restrictions associated with your license? ○ Yes ○ No

Emergency Deployment Information

In the event of a declared national emergency, would you consider volunteering to work under the auspices of the Federal Government? ○ Yes ○ No

Are you physically able to participate in a deployment? ○ Yes ○ No

Where are you willing to volunteer in case of emergency? ○ Local ○ In-State ○ Out of State

Do you have any work or functional restrictions on your daily activities? ○ Yes ○ No

If Yes, please list any restrictions:

Registration Information

Do you agree to the Terms of Service? ○ Yes ○ No
The Terms of Service are available on MNResponds.org

Do you agree to the Information Pledge? ○ Yes ○ No
The Information Pledge is available on MNResponds.org

Username:
The username the individual will use to login to MN Responds

Password:
Must be at least 8 characters in length and contain at least 1 number