

# SHELBY COUNTY MEDICAL RESERVE CORPS

## VOLUNTEER SHORT FORM REGISTRATION

Please print clearly.

Today's date \_\_\_\_\_

### **Personal Contact Information**

Title: Dr. Mrs. Mr. Ms. Professional License: MD-DO-DDS-DVM-RPh-RN-LPN-Other \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Home Address \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Residence \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_ ext. \_\_\_\_\_ Mobile Phone ( ) \_\_\_\_\_

Pager Number ( ) \_\_\_\_\_ Fax Number ( ) \_\_\_\_\_ Email Address \_\_\_\_\_

**Please Register on Line @**

<https://www.ohioresponds.odh.ohio.gov/>

**And return this form to:**

MRC Coordinator for Shelby County @  
Sidney-Shelby County Health Department  
[sschd@shelbycountyhealthdept.org](mailto:sschd@shelbycountyhealthdept.org)

OR

202 West Poplar Street  
Sidney, Ohio 45365  
(937) 498-7249  
or FAX:(937)498-7013

