"Bridging Communities With People Who Care"

Central Utah Medical Reserve Corps Application

70 Westview Dr, Richfield, UT 84701 Phone 435.896.5451 ext 13 or 30 Fax 435.896.4353
Email cbaldwin@utah.gov or amandachristensen@utah.gov

Central Utah medical reserve corps

Full Name:_____
First Middle Last

Professional designation/degree: _____ Date of Birth:_____
Mo/Day/Year (for license confirmation)

Area of training/specialty: _____

The following information will be used only by appropriate authorities in your professional organization for notification in an emergency. If you agree to participate it is our plan to input this data to the Utah Notification and Information System.

Mailing Address: _____
Street City State Zip

Physical Home Address: _____
Street City State Zip

24-7 telephone #: _____ Cell #:_____

Office telephone #: _____ Home telephone #: _____

Email address: _____ Fax #: _____

Driver's license - Number: _____ Expiration Date:_____
(please attach a copy of your license to this application form)

It is understood that your availability will be contingent on your personal and professional responsibilities. Once your primary responsibilities are taken care of, where do you anticipate you'll help your community? If your primary response site will be at one of the hospitals, long term care facility, other pre-assigned location, please so list:_____

_____

_____

Return this form to MRC *with a* ***copy of your driver's license*** *for verification purposes.*