

# ERIE COUNTY MEDICAL RESEERVE CORPS (ECMRC) ENROLLMENT FORM

Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Citizenship: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary E-Mail: \_\_\_\_\_ Alt E-Mail: \_\_\_\_\_

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Non-Medical Volunteer

Medical Volunteer (check if applicable)

Physician (Specialty: \_\_\_\_\_)

Physician's Assistant

Veterinarian

Veterinarian Technician

Dentist

Dental Assistant

Nurse (RN LPN PHN Practitioner)

Mental Health Provider (Social Worker Psychologist)

Pharmacist

Pharmacy Technician

Firefighter

EMT (Basic Intermediate Paramedic)

License Number: \_\_\_\_\_ License Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Student

Retiree

Second Language: \_\_\_\_\_

Special Skills: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please return this form by: email [ECMRC@erie.gov](mailto:ECMRC@erie.gov), fax (716) 858-7121, or mail to Erie County Department of Health, ECMRC, 500 Commerce Dr, Amherst, NY 14228. If you have questions, please call (716) 858-7121.