Capital Medical Reserve Volunteer Registration Form

First Name	Last Name		Suffix
Mailing Address			
City	State	Zip	County
Home Phone	Work Phone		Cell Phone
Email		Alternate Email	
Employer	Employer Address and Phone Number		

Please indicate your specialty area, check all that apply:

Category: Medical (MED)	**Category: Non-Medical (NONMED)**	**Preferred contact method for information on training, drills, etc.**
❑CMA – Medical Assistant ❑DA – Dental Assistant ❑DDS – Dentist ❑DO – Doctor of Osteopathy ❑EMS – Paramedic ❑LPN – Licensed Practical Nurse ❑MD – Medical Doctor ❑MENTAL – Mental Health Professional ❑NP – Nurse Practitioner ❑PA – Physician Assistant ❑PH – Public Health ❑PHARM – Pharmacist ❑RN – Registered Nurse ❑RT – Respiratory Therapist ❑VET – Veterinarian ❑Other:_____	❑CHILD – Childcare ❑CLER – Clerical ❑ENVIRO – Environmental Inspector ❑FAITH – Clergy Denomination:_____ ❑LEGAL – Legal Support ❑LOG – Logistic/Supply Specialist ❑PLAN – Planning ❑PI – Public Information Specialist ❑RADIO – HAM Radio Operator ❑SAFE – Law Enforcement/Safety ❑IT – Information Technology ❑TRANS – Translator/Interpreter Language(s):_____ ❑Other:_____	❑Mail to above address ❑Mail to: _____ _____ ❑Email ❑Alternate Email ❑Email to:_____ ❑Automated Phone Message ❑Home Phone ❑Cell Phone ❑Work Phone ❑Call: _____
License or Certificate/Registration Number:	License Type:	License Expiration Date:

Hospital or Medical Staff:

Would you be willing to verify your employment to increase your emergency credentialing level? ◯Yes ◯No

If so, you must complete a verification form and submit it to KCHD on business letterhead, sample language provided. Contact Krista Farley for more information.

All Volunteers: Are you registered in wvredi.org? ◯Yes ◯No

PLEASE RETURN TO:

Volunteer Coordinator
Kanawha-Charleston Health Department
108 Lee Street, E – Charleston, WV 25301
Phone: (304) 348-1088 Fax: (304) 348-6821 Email: volunteers@kchdwv.org