

Black Belt Medical Reserve Corps

Return Completed Form to: Tuskegee Area Health Education Center, Inc.
 2400 Hospital Rd., Bldg 68-2
 Tuskegee, AL 36083

Name: _____
 Last First Middle Initial

Present Address: _____
 Street City State Zip

Contact Info: _____
 Home Cell E-mail address

Hospital in which you have privileges (if any)

Type of License Specialty Area (if any)

State(s) where licensed License Number Actively Licensed? Yes ___ No ___

If not currently licensed in Alabama, are you willing to apply for a limited license? Yes__ No__

College/University	City and State	Degree Obtained	Years Attended

Name the counties in which you are willing to volunteer:

What types of care are you interested in providing? (Circle all that apply)

- | | | |
|----------------------------|------------------------|-----------------------------|
| Disaster response | Mental Health | Health Education* |
| Emergency Medical Services | Special Needs Shelters | Various Public Health Needs |
| Phone Bank | Administration | Other* |
| MRC Committee* | Mass Immunization | |

*Please specify MRC Committee, if any, or state activity if health education, various public health needs, or other is checked.

Which months of the year are you available?

All From _____ Through _____

What is the best way to reach you? (Please indicate cell phone, house phone, email, or other number if applicable)

Signature

Date