SALT LAKE COUNTY
HEALTH DEPARTMENT

medical reserve corps

PRINT NAME: _____

Involvement

Please read and initial each of the following statements:

1. I understand I will be notified of all activities sent out by the MRC coordinator, regardless of my desired level of involvement. _____

2. If the option is available, I will confirm or deny my attendance/activity at the event. In other words: I will RSVP to the MRC coordinator so they may make attendance plans accordingly. _____

3. I will maintain activity in the MRC by attending at least one event each year OR by contacting the MRC coordinator to let them know of my continued interest in participating as a member of the SLCo MRC. _____