



TO ENROLL, PLEASE COMPLETE AND
MAIL THIS FORM TO:

Chemung County Medical Reserve Corps
103 Washington Street, PO Box 588
Elmira, NY 14902-0588

Chemung County Medical Reserve Corps Volunteer:

The Chemung County Department of Health provides liability insurance coverage at **no cost to you** as an enrolled CCMRC volunteer. When you participate in activation of the MRC, this policy covers your professional actions.

To be a part of the policy, the insurance carrier requires some detailed information. Below is a listing of the information CCMRC must provide for each enrollee covered by the policy. This confidential information will be placed in a secure location and will be safeguarded. Please complete the following information and return it to me.

Full Name _____
Date of Birth _____
Place of Birth (City, State, Country) _____
Social Security Number _____ - _____ - _____
Professional health discipline (medicine, nursing, etc) _____
NY professional license number _____
DEA # (if applicable) _____
Practice specialty (if applicable) _____
Do you carry your own liability insurance? (please circle) YES NO
Address: _____
Phone(s): _____
Email: _____

Let me take this opportunity to thank you again for your enrollment in the CCMRC. Formation of local, community-based Medical Reserve Corps units across the nation has helped to prepare for a response in the event of a Public Health emergency. If we were to face such a challenge, your skills will be needed to respond in our county. Please take a few minutes to review the information that is on www.medicalreservecorps.gov.

Sincerely,
Joyce Hyatt, Coordinator
Chemung County Medical Reserve Corps
103 Washington St. PO Box 588
Elmira, NY 14902-0588
607-737-2826