 

**Volunteer Acknowledgement Form**

I have read and understand the following forms as outlined in the handbook – please click each box to acknowledge;

Seacoast Medical Reserve Corps Handbook

Media Release Form

HIPPA/Confidentiality Form

I have read and understood the policies and information contained in the handbook and agree to them during my time volunteering with the Seacoast Medical Reserve Corps and the Public Health Network

Name

Typed Signature

Date

please email back to jirwinmrc@gmail.com