

*Volunteer Registration Form*

Please fill out this form to join the Radiological Emergency Volunteer Corps. Your information will be entered into the program database (ServNC) and will not be shared without your consent.

**Primary Contact Information**

First Name:		Last Name:		Middle Initial:
Date of Birth (MM/DD/YYYY):		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No
Address:		City:	State: <b>NC</b>	Zip:
E-mail:	Phone - Home:	Mobile:	Work:	Ext.:

**Emergency Contact Information**

<b>Primary Contact:</b>		Relation:
Phone:	Mobile Phone:	Other:
<b>Alternate Contact:</b>		Relation:
Phone:	Mobile Phone:	Other:

**Education**

(Circle highest level completed)	High School	College	Graduate School	Other
Type of Degree:	Major/Specialization:			

**Profession**

Job Title:	Specialty:	Employer:	
Employer Address:	City:	State: <b>NC</b>	Zip Code:
Work Status (Circle one):	Student	FT Employee	PT Employee Retired Not Practicing
Years in current profession:	Years of experience in radiation protection or related sciences:		

**Professional License (If Applicable)**

License Type:	State:	Lic. #:	Expires:
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**Current or Most Recent Practice Setting:**

<input type="checkbox"/> Clinic Office / Administrative <input type="checkbox"/> Government / Business <input type="checkbox"/> Fire Department <input type="checkbox"/> Health Department (EH/IH/Occupational Health) <input type="checkbox"/> Hospital (Clinical Services–Radiology) <input type="checkbox"/> Emergency Medical Services Agency	<input type="checkbox"/> Nursing Home / LTC Facility Other: <input type="checkbox"/> Public/Community Health <input type="checkbox"/> Private Practice <input type="checkbox"/> Research Laboratory <input type="checkbox"/> Teaching / Academia <input type="checkbox"/> Energy Industry <input type="checkbox"/> Other:
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**Special Interests (Check all that apply)**

- |   |   |
|---|---|
| <input type="checkbox"/> Disaster / Emergency Response          | <input type="checkbox"/> Sample Processing / Analysis   |
| <input type="checkbox"/> Education – (e.g. Radiation Safety)    | <input type="checkbox"/> Population Monitoring / Survey |
| <input type="checkbox"/> Radiation Monitoring / Decontamination | <input type="checkbox"/> Mass Prophylaxis – KI          |
| <input type="checkbox"/> Environmental Survey / Sampling        | <input type="checkbox"/> Direction / Leadership         |



**Other Info:**

Other volunteer commitments:	Approx. hours dedicated to other volunteer activities:
Special skills (languages, computer, certifications, etc.):	List any special needs or work restrictions:
How did you hear about the Radiological Emergency Volunteer Corps?	Other information we should know about you:

**Photography Use Agreement:** "I understand that the Radiological Emergency Volunteer Corps uses program activity photos for publicity and display purposes that may easily identify some individuals. I give the Radiological Emergency Volunteer Corp consent to use program activity photos for these purposes."

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*If completed electronically, print and sign agreement.*

**Thank you for Registering!**  
**Return form to:**  
[joe.comello@dhhs.nc.gov](mailto:joe.comello@dhhs.nc.gov) or  
 Radiological Emergency Volunteer  
 Corps Attn: Joe Comello  
 2707 Mail Service Center  
 Raleigh, NC 27699-2707  
 Phone: 919-855-3940  
 Fax: 919-733-7021

