



CENTRAL GEORGIA MEDICAL RESERVE CORPS

CERTIFICATION

I (Name, please print) _____ certify that:

- a. I am in adequate physical condition to perform my duties as a volunteer of the Central Georgia Medical Reserve Corps.
- b. I **have/have not** been a member of a Medical Reserve Corps in the past. If you have, which one? _____
May we contact them? Yes/No
- c. I **have/have not** been arrested and or convicted of any crime. (Circle one; if yes, please briefly explain.

- d. I hereby give permission to the Central Georgia Medical Reserve Corps to conduct a criminal background check.

Signature

Date

Return this form to: Central Georgia Medical Reserve Corps
201 Second Street Suite 1100
Macon, GA 31201
Vicki.huff@dph.ga.gov
Fax: 478-751-4575