



Tarrant County Medical Reserve Corps
Volunteer Request Form

Submit form via email to mrc@tarrantcounty.com. Requests for all non-emergency related events should be submitted **at least 2 weeks prior to the event date**.

Organization Name:			
Organization Address:			Phone:
Contact Name:	Contact Phone:	Contact Email:	
Event Name:	Event type (e.g. health fair):	Event Date:	Event Time: (from - to)
Total # of Volunteers Needed	Skills needed (e.g., bilingual [list language], ability to lift "x" # of pounds, etc.)		
Will volunteers have access to any individuals Protected Health Information (PHI) while assisting with this event/project?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the specific tasks that volunteers will be performing:			
Additional information/instructions that should be shared with volunteers: (e.g. directions, when/where/to whom volunteers should report; any snacks/meals provided, etc.)			